

81288



Class

Presented by

The Editor

175



Digitized by the Internet Archive
in 2013

<http://archive.org/details/californiaelect4191cali>



23
VOL. III

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

The Los Angeles Journal of Eclectic
Medicine

AND

The California Medical Journal

(Published by the California Eclectic Medical College)

1909

O. C. WELBURN, A. M., M. D., Editor

Issued Monthly
Price, \$1.00 per Year
Foreign \$1.50
Single Numbers, 15c

Editorial Office
818 Security Building
Cor. Fifth and Spring
Los Angeles, Cal.



The California Eclectic Medical Journal

Vol. IV

JANUARY, 1911.

No. 1

Original Contributions

CHRONIC CATARRHAL PROSTATITIS*.

Almo DeMonco, M.D., Los Angeles, Calif.

Read before the Los Angeles County Eclectic Medical Society.

ETIOLOGY: Frequently the sequel of an acute gonorrhoeal prostatitis, stricture of the urethra, or a vesical inflammation, sexual excesses, masturbation, sexual perversion, strong or irritating injections, hemorrhoids, constipation, anal fissure, hyperacid, urine, exposure to inclement weather, bicycle riding, horseback riding, gormandizing of foods and liquors, etc. The principal cause, however, is infection. A disease principally of middle life.

PATHOLOGICAL ANATOMY: The prostate may be swollen, atrophied, or normal as to size. If swollen, lymph and pus are present. The swollen condition may be modular or smooth. Section will show it to be red, spotted and boggy, and less firm than normal.

The mucous follicles and the ducts, mucous surfaces and the prostate sinuses, show structural changes; the mucous lining of the tubules inflamed and generally dilated. The connective tissue is infiltrated and the blood vessels engorged.

CLINICAL HISTORY: At best a very chronic disease with symptoms that are legion, subjectively. Micturation is usually increased in frequency, and may occur with a drop of blood at the finish. The flow of urine is slow and expulsive, force seems lacking, accompanied sometimes with burning and tingling. Sitting with legs crossed, pain or discomfort. Urine of low specific gravity and generally alkaline, holding shreds and muco-pus in suspension, which is noticeable in the first ounce passed—hence the necessity for the two glass test—if the urine is allowed to stand an irridiscent pedicle is sometimes present. Pain is located by the patient in the head of the penis, sacrum, over the pubes, anus or inguinal region. A severe form of indigestion is very frequently present, sour stomach and

*The writer has followed Prof. Bukk Carelton, M.D., in preparing this paper.

MAY 11 1912

83353

much flatulency. It makes but little difference as to the nature of the foods, everything distresses. Insomnia, restlessness, irritability, are always present, and all medication directed at the digestive condition afford little or no relief. An almost endless chain of symptoms could be mentioned, but these should cause every physician to pass no male case of dyspspsia or indigestion as incurable without a most careful examination of the prostate. Examination reveals sensitiveness to touch and often severe pain, gland generally enlarged and smooth, often nodular, the left lobe is usually more involved. If the age is over fifty-five, peritubular infiltration is present, giving an increased hardness to the gland. Pressure applied to such a gland by the finger tip, a quantity of fluid will be discharged into the urethra which the microscope will differentiate from a gleet or other discharge. Sexual functions are deranged as the disease increases, erections become less and less, and less and less satisfactory; finally all power of erection is or will be lost. Nocturnal and diurnal pollutions may occur, together with mental and physical exhaustion after coitis. Great despondency, melancholia, depression, loss of muscular strength, and mental incapacity are present. Patients thus afflicted soon become convinced that they have spermatorrhoea or "lost manhood" as they term it, and are "easy" victims for the "lost manhood" shark.

DIAGNOSIS: Confounded with tubercular prostatitis, but is more chronic. The absence of tuberculosis elsewhere, together with the history should govern. Age will also control usually as to the Hypertrophy. A practiced finger per rectum will differentiate seminal vesiculitis, inflamed verumontanum or ampulitis.

PROGNOSIS: Slow and unsatisfactory in those of middle of advanced life. Young men who can be convinced of the absolute necessity of a continent life, avoidance of all excesses in stimulents and diet, can be rapidly cured. Every one can be benefited.

TREATMENT: Diet must be extremely simple; beers, wines, condiments, tea, coffee, asparagus, tomatoes, and all salt foods, should be proscribed. Cold sponge baths are to be encouraged. Should sleep on a hard mattress and with as little covering as possible. Sexual intercourse entirely prohibited, even in the married, and this explained to the wife if found necessary. Bowels evacuated daily, and harsh cathartics avoided, especially such as contain aloes in any form.

Massage of the prostate is of the utmost necessity. Place

the patient in the knee-chest position, arm the index finger with a perfect fitting finger cot, anoint freely with vaseline, and insert into the rectum; the diseased gland is massaged gently from side to side, each massaging lasting from three to five minutes, concluding with several strips downward along the urethra. Some cases do better to insert a full sized sound into the urethra and the gland massaged over this. Mechanical vibrators usually do more harm than good. Use the finger if you do not know how to use the Morton wave current; you will sneezed better. Cold steel sounds carefully inserted and allowed to remain for three to five minutes are beneficial. Some writers advise the retention of the cold sounds for fifteen or more minutes, which in my experience is hazardous, producing urethral fever, chills, followed with great prostration—so be careful. The sound should be passed with the utmost gentleness and but **once** in five to seven days. The rectal psychophore should not be forgotten—you are sure to need every aid.

When the mucous membranes are severely affected, as shown by the presence of masses from the lacunae or crypts of the glands, irrigation should be employed, using 1 to 10,000 silver nitrate (one grain to the ounce of distilled water), instillations by means of a capillary syringe, of five drops of silver nitrate (one grain to the ounce of distilled water), protargol one to four per cent, same quantity. These applications must not be repeated oftener than once in five to seven days. Rectal suppositories containing Ichthyol, one to three grains, inserted on retiring at night have proven serviceable.

REMEDIES INTERNALLY INDICATED: Specifics, Agrimony, Buchu, Cannabis, Conium, Eryngium, Hamamelis, Hydrangea, Pulsatilla, Phosphorus, Phytolacca, Pipsissewa, Sabil, Thuja, Ustillago, used according to their specific indications (and one or more are usually indicated) are of very great service and should be carefully studied and prescribed.

PROSOPIS JULIFLORA OR MESQUIT.

R. E. Kunze, M. D., Phoenix, Arizona.

(From the Mss. of my *Materia Medica*, "Past, Present and Future," I make this excerpt for the benefit of my Eclectic Brethren.)

Prosopis Juliflora, D. C., or Mesquit, belongs to the Genus Leguminosae of the suborder Mimoseae, a small tree not more than thirty feet high, often less than half that size. It extends from Arizona south into the Mexican state of Sonora, also found in western Texas, where it is known as Algaroba. The small

yellowish flowers which are closely sessile, are fragrant and occur in little spikes surrounded by stout axillary spines. The leaves are twice-pinnate, rigid and of a greenish hue, with only one or two pairs of pinnae, but with many leaflets. The pods are from four to six inches long, three-eighths of an inch in width and of a yellowish tint when ripe, somewhat flattened. A sweetish pulp is found between the flat seeds which is very nourishing and edible. The Indians gather large quantities of the pods, grind and make flour therefrom, afterwards baked into bread which is in round cakes and harder than sea biscuit and will keep well for years. Horses, mules and cattle feed on the beans in preference to grass or other herbage. Many insects, chiefly small beetles and bees resort to the flowers, of which in Arizona generally we have two crops. Honey collected from Mesquit flowers imparts to it a fine flavor and in the eastern states is eagerly bought up.

Where the bark is cut, a gum resembling gum Arabic oozes therefrom of a whitish, yellow or brown color, which makes a fine mucilage. It is not plentiful enough to become a commercial product. When a limb is removed a blackish sap oozes therefrom in quantity. The bark is black and the wood very hard and, next to our iron wood, is the best fuel of Arizona. The Indians of our reservations supply our cities and towns with such stove wood, and the Mexicans bring it in, in the shape of cord wood. This tree where we find it as a forest has the habit of branching out very low, almost horizontally, and difficult to pass through it, giving cover to numbers of wild animals and birds. Trees not so crowded, growing singly or few in number grow into better shape.

Mesquit possesses valuable medicinal properties and Mexicans above other people know best how to employ it in typhoid and yellow fevers. A tea prepared from the young branches and, given hot, will vomit and purge. It will break up a fever if given in time, in from two to three days. The worst case of typhoid fever I ever heard of was a friend of mine from Thuringia, now Postmaster of Price, Pinal county, Arizona, who served his adopted country in the navy in the war for the Union. Mr. Henry Zeuner took the fever at Sow Springs, New Mexico, while in company with a lot of Mexicans on the way to Chihuahua, Mexico. He was lying on a rawhide in a bull wagon, and a Mexican woman acted as his nurse, giving him nothing but Mesquit tea to drink. The men put him on the ground and kneaded him all over the body. For nine days he was delirious and had not any recollection of what was going on during that time. It was thirty-five days before he was convalescent.

Usually the Mexicans utilize the inner bark of Mesquit,

which is white. I made inquiries among a number of old settlers and Mexicans of Phoenix about this valuable drug. The Mexican wife of one of my neighbors, an old war veteran and school-teacher in Arizona, informed me that her mother was an Herbalist and doctored among her country folk. For bilious fever she made an infusion with cold water of the inner bark, adding a pinch of salt. When too much salt is used it causes emesis. The young shoots mashed fine and rubbed up with a little lard, rolled into a ball, are then put into a cloth and rolled in hot ashes and after cooling sufficiently is used as a poultice for sore eyelids so frequently noticed among Mexican children. A tea made from Mesquit leaves is applied to the hair by young ladies to give a gloss. The Mesquit gum is used for coughs as we do gum Arabic.

Mr. Wm. Crosby, a grocer of this avenue, has a large Mexican trade and told me that among the people when the yellow fever raged so badly twenty-five years ago more or less in Mexico, the inner bark of Mesquit was employed in the shape of a tea and patients so treated with this house remedy always recovered, whereas those attended by a regular physician usually died. We have here in Phoenix a number of Mexicans so treated who survived that scourge. A butcher employed in one of our meat shops relates the following account of that epidemic: His father took the yellow fever, was treated by a doctor, and died, shortly after the attack. He was seized next and his mother doctored him with Mesquit tea alone, and he recovered. A younger brother also down with the yellow fever was left to die the previous evening, but was found alive the next morning. His mother poured Mesquit tea down his throat, which he fought against, till it purged and vomited the boy, and he finally got well. A Mexican baker in this city was seized by the same fever in that epidemic. A Mexican senora treated him liberally with a decoction of Mesquit bark and he also lived to tell the same story. The remedy will break up an ordinary fever in from two to four days. Surely such a remedy should be better known to white people than it seems to be. It reminds me of a remark made by Horace Greeley when standing beside the grave of a friend who had just been lowered into his last resting place. Said a bystander to Greeley: "Now all that is left of your friend lies six feet below the ground;" "And," replied Greeley, "possibly within six feet of the remedy which would have cured him."

EFFERVESCENCE ON ATTENUATION.

By Herbert T. Webster, M. D.

Attenuation of drugs is popularly supposed to be a peculiarity of homeopathy. Hahnemann undoubtedly originated the practice, but attenuation antedated the doctrine of similia, and Hahnemann practiced successfully for years before he enunciated the homeopathic doctrine; he practiced specific medication. Any one who will read Hahnemann's Lesser Writings carefully will find this statement correct. These writings were recorded prior to the year 1800, while nothing was published on homeopathy before 1805.

The primary objects of attenuation should also be considered, as to their bearing on medical doctrine. Hahnemann employed attenuation in homeopathy for the avowed purpose of developing the spiritual power which was supposed to lie hidden in the inner nature of medicines. Specific medicationists, following the teaching of the Great Apostle of specific medication, Professor Seudder, believe that, "As a rule, the dose of medicine should be the smallest quantity that will produce the desired result." The object with them is, to impress vital functions directly, without unpleasantly disturbing them. The objects sought to be attained, then, by attenuation, in the two schools, are obviously at variance; though the same means may sometimes be employed, especially so far as the attenuation of drugs is concerned.

There is a wide difference in the objects in view in a variety of therapeutists. Leaving out the doctrine of spiritual influence in drugs, as taught by Hahnemann, and which now we believe has few advocates, therapeutists might well be divided into two general classes. One of these consists of those who regard the human body as a machine, to be driven by powerful agents—elements which force out abnormal condition, and compel return of normal processes; and the other, of those who regard the human body as a delicate, complex and reflex organization—a harp of a thousand strings—which should be properly and delicately attuned, in order that harmony may be restored to disordered function, and thus a return to normal structure encouraged. The first must necessarily deal forcibly with disturbing elements; must frequently make use of means which, if they fail of their object, are liable to leave disorder and inharmony behind. The second class will employ drugs in such minute quantity that, while they are capable of searching out sensitive parts and restoring function if properly applied, will seldom prove disorders of vital economy if misapplied. It is doubtful that any of our present-day practitioners belong strictly to

either of these classes, though every one is predisposed to one or the other.

Attenuation long ago ceased to be a distinctive, or at least an exclusive feature of homeopathy. The United States Pharmacopeia (old school) described a class of agents under the title Triturates, nearly if not a quarter of a century ago, which were virtually triturations after the old homeopathic style. Schussler's first edition of Tissue Salts, issued in the 1870's, came in for severe condemnation by leading members of the homeopathic school because he failed to dwell on the homeopathicity of their action; whereupon, in the preface of the second edition, which soon followed, he occupied considerable space in the preface to demonstrate that his doctrine was not that of homeopathy, was in no way related to it; in fact it was no pretension to the doctrine of similia. However, many of his ideas became popular, and much of his practice proved successful; and later his work was taken up by homeopathic writers and revised in such a manner as to graft it into the homeopathic school. So much for popularity. His remedies, however, were prescribed in the 6x trituration, but not homeopathically, according to his own statement. In short, attenuation did not, according to his own testimony, make him a homeopath.

It is patent, then, to every independent observer, that to employ triturations does not relegate one to the realms of homeopathy. As much might the use of our specific medicines by many homeopaths, in exactly the manner in which we use them, and for the same purposes, confirm them as Eclectics. Undoubtedly many of these practitioners would be indignant if they were accused of being Eclectics. Such is the penalty of subserviency to creeds and dogmas. To independent minds such accusations bear no odium; for creeds and dogmas exert no influence for or against the curing of the sick.

When Professor Seudler began his specific medication crusade in 1869, he braved the animadversions of his contemporaries, well knowing that, in that day and age, they would be severe and unkind, from many sources. Those who were familiar with the Eclectic medical journals of that time can recall many of the unpleasant innuendoes passed along on the new subject and its author. Even the small doses recommended for our own old remedies were sufficient to condemn his position and brand him as a "homeopath." His faith in what he believed truth, however, held him up, and he persevered until his followers were more numerous than his detractors, and the latter finally became lost in obscurity. He even had the temerity to recommend, in his new work, *Specific Medication*, a few triturations; and this made them adopted specific medicines.

Legal adoption is certainly legitimate, for it is legal.

Our newer and younger generation of Eclectic would think it strange to hear pulsatilla, bryonia, caetus, rhus tox., and some other every-day remedies branded as homeopathic, and the Eclectic user branded as a homeopath for daring to recommend and employ them; yet some of them had never been mentioned in an Eclectic text-book until the publication of Specific Medication. They are adopted children, but none the less dear to us on that account.

It is difficult for some to realize that it is not triturations which serve to distinguish homeopathy; nor dilutions; nor pellets; nor tablet triturates. It is *similia*, and that alone which distinguishes the true homeopath. Nor would this be a mark of disrespect; the homeopaths have done marvels in the past toward the creation of an efficient *materia medica*. We want all they can teach, toward a more complete and reliable *materia medica* of our own, for all emergencies

When we employ remedies which have been introduced by the homeopaths they cease to be homeopathic remedies to us, and become Eclectic remedies, just as much as remedies formerly employed by the allopaths become Eclectic remedies when we adopt them. We do not employ them upon the principle of *similia*, but with the idea that they specifically influence a morbid organism after our own doctrine. Hardly any one would now regard ipeecac as an allopathic remedy, though it was employed in the neighborhood of a hundred years before American Eclectic medicine was born by some members of the old school, though crudely; yet, for the same purposes we now employ it. The trouble with allopathy is that it forgets its good things as a rule, and goes chasing after rainbows. Apocynum was recommended by Eberle years before the Eclectic school was established, and for the same purpose we now employ it, namely, dropsy; yet we would hardly consider it an old school remedy. It is ours by adoption. One peculiarity of Eclectics is, when they find a good thing they know it, and stick to it.

Unfortunately, however, we are all more or less influenced by custom and popular prejudice. When we go back, however, and trace some prejudicial matters to their fountain head we are liable to radically change our minds, if we are inclined to be fair.

We have a rich *materia medica*, some of which we may thank our own individuality for, and some of which we must thank outsiders. We also have our own distinctive pharmaceutical preparations, of which we may all be proud. We have other forms for administration which may sometimes be of

great benefit, if we are not too biased to employ them. We should not be deterred because others not of our own peculiar faith have employed them before us.

Eclectics have always been a clannish lot, and we are inclined to shy at anything which does not bear our own trademark. But even "eclectic," as a common adjective, implies choice; then why should not Eclectic as a proper name, suggest a wider choice and more liberal, enlightened acceptance?

CALIFORNIA STATE BOARD OF EXAMINERS

Held in Los Angeles, December 6, 7, 8, and 9, 1910.

CHEMISTRY.

Answer 10 Questions Only.

- Complete the following equations:

$$\text{Fe S O}_4 + \text{K}_2 \text{ C O}_3 =$$

$$\text{N H}_4 \text{ Cl} + \text{K N O}_3 =$$

$$\text{P Cl}_3 + 3 \text{ H}_2 \text{ O} =$$

$$\text{Zn}_2 + 2 \text{ H Cl} =$$

$$\text{N H}_3 + \text{H Cl} =$$
- Name three elements and three compounds in the potassium group with their symbols and atomic weights.
- Give the chemical formula and derivation of acetic acid, Mention the most important acetates.
- State of the two chlorides of mercury:
 - their name, (b) chemical formulas, (c) composition, (d) solubility, (e) color and other properties.
- Discuss acidosis.
- Give an outline for the tests to be made when the gastric juice is examined.
- Under what conditions will the Fehling's and Trommer's tests fail to show the presence of sugar in urine?
- Why is the reaction of the blood alkaline?
- Which would be the most dangerous poisonous dose of Arsenic, a small or a large dose? Explain.
- Mention two substances which poison by being inhaled. Name two narcotic poisons.
- What emergency treatment should be employed for poisoning by Formaldehyde? By swallowing Chloroform?
- What should be done in poisoning when the nature of the poison is unknown? (a) By what may the effects of a poison be modified?

HYGIENE.

Answer 10 Questions Only.

- What method would you employ in controlling an epidemic of small-pox?

2. Give the usual length of quarantine for the following diseases: Diphtheria, scarlet fever, small-pox, plague.
3. Discuss three efficient methods of fumigation for a room of 10,000 Cu. ft.
4. Discuss the value of the three most commonly used germicides.
5. Discuss a rational method for the eradication of hydrophobia from a municipality.
6. Outline in detail all the methods of infection in bubonic plague. Give the clinical varieties of the disease and tell which variety shows the greatest mortality.
7. Outline a rational method for the inspection of public schools. What contagious diseases should prohibit a child from attendance? Name at least eight.
8. Describe Pasteurization of milk. What is the effect of pasteurization upon milk?
9. What methods are most efficient for the purification of city water? What diseases may be transmitted by water?
10. What changes may take place in food kept in cold storage? What length of time should be considered prohibitive for such foods?
11. Outline in detail two tests for sewage in drinking water.
12. What kind of food may develop Ptomaines and under what conditions?

HISTOLOGY.

Answer 8 Questions Only.

1. Describe the histological peculiarities of a pulmonary alveolus.
2. What histological features would enable you to distinguish a section from the cardiac end of the stomach, from one taken from the pyloric region?
3. How do voluntary muscle fibres differ structurally from involuntary muscle fibres?
4. Describe the Epithelial lining of the pelvis of the kidney. Make drawing.
5. What is spermatogenesis and how does it differ from karyokinesis?
6. (a) What structural peculiarities distinguish a mucous from a serous salivary gland? (b) Name a gland characteristic of each class.
7. Describe briefly a neurone found mostly in the spinal ganglia. Make drawing.
8. (a) Name a structure found only in the kidney. Make drawing.
 (b) In the spleen. Make drawing.
 (c) In the thymus gland. Make drawing.

- (d) In the testicle. Make drawing.
9. Draw a transverse section of a portion of the intestinal tract that has no villi—showing direction of section of various muscular layers—name portion from which section was taken.
 10. How would you distinguish a transverse section of the fallopian tube from a similar section from the appendix? Make drawing.
 11. Identify slides.
 12. Identify slides.

BACTERIOLOGY.

Answer 10 Questions Only.

1. Explain in detail how you would distinguish Tubercle bacilli from other acid fast bacilli.
2. Explain in detail how you would diagnose between Aestivo-autumnal Fever and a general Streptococccic infection.
3. What is the difference between Koch's Old Tuberculin and Koch's New Tuberculin?
4. How would you determine the character of a Vereneal sore, bacteriologically.
5. What causes Glanders, Influenza, Relapsing Fever, Malta Fever, Sleeping Sickness?
6. How are Bacteria destroyed in the living Body?
7. Explain the difference in action of Antitoxins and Bacterial Vaccines.
8. Describe three possibilities which might follow the pricking of the skin with a needle dipped in a virulent culture of Staphylococcus Pyogenes Aureus.
9. Describe the Bacillus Tetani. How does the Bacillus Tetani cause Lockjaw?
10. How would you obtain a culture of Bacillus Tetani?
11. What causes Favus, Ringworm, Thrush, Tinea Versicolor, Dysentery?
12. Describe briefly the life cycle of the cause of Malaria.

PHYSIOLOGY.

Answer 10 Questions Only.

1. What is the role of the thyroid gland?
2. What are the nutritive relations of the nerve fibre and nerve cell?
3. What effect do various normal conditions have on the extent of the knee-jerk?
4. What general diagnostic significance is credited to the presence, increase or absence of tendon reflexes?
5. What clinical evidence is there that the spinal paths for pain, touch and temperature are separate?

6. What are the functions of the leucocytes?
7. What factors, besides the heart, aid the movement of the blood?
8. What is a sphygmogram and what general value may it have.
9. Describe a cardiac cycle.
10. What is the myogenic theory of the heart beat?
11. What is the physical theory of respiration?

OBSTETRICS.

Answer 10 Questions Only.

1. In the average composition of mother's milk, what is the per cent of the following: Proteids, Fats, Sugar, Salts.
2. Give the proper formula for preparation of cow's milk to take the place of mother's milk in the new born?
3. What are the dangers of prolapse of the cord and how would you proceed in such a case?
4. How many vertex presentations are there? Name them.
5. Describe tetanic contractions of the uterus during labor and what are the dangers?
6. Give the mechanism of labor in the left occipito-iliac anterior presentation.
7. What do you understand by puerperal psychosis?
8. Describe distocia due to abnormalities in development or presentation of foetus?
9. In application of the forceps what do you understand by the following: (a) Low forceps. (b) High forceps?
10. How may pelvic osteomalacia complicate labor?
11. Give the aetiology and description of cyanosis neonatorum.
12. What puerperal conditions call for uterine curettage and what conditions counter-indicate this operation?

ANATOMY.

Answer 10 Questions Only.

1. Describe the Plantar Fascia.
2. Describe the mammary and accessory mammary lymphatic vessels.
3. Describe the characteristics of an intercostal space.
4. What are the boundaries and contents of the mediastinum?
5. Indicate, on diagram, the situation of the valves of the heart in reference to the anterior chest wall.
6. What nerves form the brachial plexus?
7. What is the origin, course and distribution of the anterior crural nerve? Use diagram.

8. Give position and blood supply of the thyroid gland.
9. Indicate, on diagram, the position of the stomach with reference to anterior surface of the body.
10. What structures constitute the spermatic cord?
11. Describe the spinal canal.
12. What are the physiologic curves of the spine and what produces them?

PATHOLOGY.

Answer 8 Questions Only.

1. Describe the changes which take place in tissue during suppuration and describe the difference between pus corpuscles and white blood corpuscles.
2. Give the most common causes of paresis; its probable duration; and describe the resulting pathologic changes in the brain and cord.
3. Explain what is meant by secondary or Wallerian degeneration of nervous tissue.
4. Describe the changes in the eye caused by Trachema; give cause and probable duration and the condition more or less permanent likely to result; and what class of immigrants are most likely to bring it to California?
5. Describe the changes in the lung during an attack of pneumonia as a result of Streptococic infection.
6. Describe the changes which take place during an attack of septic endocarditis and what valves are most likely to be involved and permanently impaired?
7. Describe the morbid condition responsible for the production of indol and indican in the system.
8. Describe the changes formed in the greatly enlarged spleen frequently found in cases of chronic malarial infection and the reasons for the same.
9. Describe pathologic changes resulting from Beri-beri; its cause, duration, and from what countries is it most likely to be imported?
10. Describe the changes resulting from the inhalation of CO and the reasons for the same.
11. Identify two slides.
12. Identify two slides.

GENERAL DIAGNOSIS.

Answer 10 Questions Only.

1. What are the symptoms and physical signs of incipient Phthisis?
2. What is the normal temperature of the body and describe the temperature curve in (a) Typhoid Fever; (b) Croupous Pneumonia; (c) Sepsis; (d) Tertian Malaria.

3. Describe an attack of lobar pneumonia.
4. Upon what symptoms would you base a diagnosis of haemorrhagic pancreatitis?
5. Differentiate Acute Alcoholism from Cerebral Haemorrhage.
6. Discuss briefly the diagnosis of Epidemic Poliomyelitis.
7. Give the diagnosis of Vertebral Tuberculosis.
8. What are the complications which are liable to occur during an attack of Gonorrhoeal Urethritis?
9. Describe an attack of Psoriasis.
10. How is the vocal fremitus elicited? When is it increased? When is it diminished or absent?
11. Describe the symptoms and sequelae of Peptic Ulcer.
12. Define: Paranoia? Hemetemesis? Arrhythmia? Tetany? Ophthalmia Neonatorum?

GYNECOLOGY.

Answer 10 Questions Only.

1. Abdominal section, indications, and contra indications.
2. Preparation for abdominal section. Brief explanation of regular steps, and special procedures.
3. After management of abdominal section, 1st, 2d, 3d, 4th days and subsequent orders.
4. Pelvic tuberculosis, what organs are involved, symptoms, diagnosis.
5. Methods of examination of female reproductive organs, for diagnosis.
6. Postural methods, and uses, indications.
7. Ulcers of the vulva. Simple, Chaneroid, Syphilitic, Tubercular, Malignant, diagnosis.
8. Pelvic abscess, organs and tissues involved, etiology, diagnosis.
9. What are the ordinary disturbances of menstruation met by the general practitioner; significance.
10. Curetment of the uterus, indications, how performed, dangers.
11. Conservative surgery of the tubes and ovaries, what are the advantages and disadvantages?
12. Inflammatory diseases of the vulva (non-specific).

THE ECLECTIC LEAGUE FOR DRUG RESEARCH. COLCHICUM AUTUMNALE.

Specific Indications: ARTHRITIS AND RHEUMATOID INFLAMMATIONS, WITH GASEOUS DISTENTION OF THE ABDOMEN, NAUSEA AND LOATHING FOR FOOD, WITH EVIDENCES OF LACK OF URIC ACID ELIMINATION.

Colchicum is one of the oldest known drugs, having been advanced many times as a specific for gouty and rheumatic affections the result of too rich a diet. It has continually fallen into decay possibly on account of poor drugs or a misunderstanding as to the case and dosage. In its several doses, it represents as many different remedies. In appreciable doses it is a marked irritant to all the eliminating surfaces, this irritation being likewise shown when the drug is applied directly to the skin. There has been much difference of opinion as to its action on the kidneys, some declaring that the drug does not affect these organs. It seems reasonable to believe, in view of the known action in entirely suppressing urinary secretion in large doses, that its eliminating action on these organs is only obtained when the drug is used in sufficiently small doses, or at least it occurs only during the beginning use of the large dose. Again, large doses early irritate the gastro-intestinal tract, producing dysenteric symptoms and preventing absorption of the drug into the general circulation. Poisoning by the drug gives rise to symptoms closely resembling Cholera, or in milder form, gastro-enteritis. Prostration is often great.

Intense nausea and disgust for food accompanies overactions. This is given by the homepaths as an indication for the remedy. They claim that even the thought of food makes the patient feel worse.

Colchicum has been used with some success, it is claimed, in Asiatic Cholera, employing the small dose. The chief use for the drug has been in acute gout and similar affections, the result of too much meat and nitrogenous food. Its action here is often magical, pain being relieved in a few hours' time. The dose must be short of intestinal irritation if the best results are sought. If the ideal symptoms in the abdomen are present, large doses may be given until the tongue shows evidences of its stimulation on the gastro-intestinal tract. Some recommend a cathartic combined with it.

When the tongue is reddened and pointed Rhus tox. or Bryonia are often useful adjuncts, as indicated.

Some observers have claimed that the frequent use of the remedy produces a condition of asthenia in otherwise sthenic patients. It is doubtful if this would occur if the dose had been

properly regulated to neutralize the drug action with the disease action. Personally, I use Colchicum only to begin treatment, substituting other indicated remedies as soon as the acute signs of the disease have begun to disappear. Its effect may be determined by watching the digestive tract. When the bowels are quiet and constipated, Colchicum should be stopped whenever peristaltic action is set up.

Colchicum has an effect on the eyes and has been recommended by many observers in ocular inflammations, scleritis, cataract, etc. It is doubtful if it has any effect on real cataract. Rheumatic conditions here should yield to the drug.

The principal constituents of the drug are Colchicine, Colchicine Acid, Colchicoresin and Beta-Colchicoresin. Colchicine is the preparation most in use. Fluid extracts are very unreliable and nauseating and the active principal Colchicine gives excellent service. I generally put 1/50 grain to the ounce of water and administer a teaspoonful every two hours. The drug is slow in elimination, taking nearly two hours for this to occur. Hypodermics act quicker and are more quickly eliminated. The Specific Medicine may be given in doses up to three drops.

Study for Jan. Condurango; Feb. Tiger Lily; March, Euphrasia. Reports are solicited on the action of these remedies.

MEDICINAL PROPHYLAXIS.

By G. W. Harvey, M.D., Millville, Cal.

In recounting the history of the human race we find nothing that will begin to equal in magnitude the terrible ravages of a pestilence, where the black hand of death sweeps thousands of innocents and adults into untimely graves scarcely without warning. There is nothing in the annals of man that offers a comparison to the virus of contagion and infection in its subtle invasion of the citadel of human life. No terror is so indelibly stamped upon the human mind as the terror of contamination and death from some contagious or infectious plague.

Contagions are the greatest enemies of the human race, for a single epidemic has swept away almost one million people in less than a year in Egypt. In Naples it has swept away nearly half a million in six months, to say nothing of the unrecorded millions that have perished and are still perishing in all the nations of the earth. For this monstrous scourge then, we need a medicinal prophylactic that will fortify the human system against it and stay the contagion at any stage of infection. Such a medicine or medicines given to the world and the medical profession and humanity have received the greatest possible blessing that could be bestowed upon civilized man.

This being true, then our principal quest as physicians should be to search out and develop prophylactic medicines that will abort completely or mitigate perceptibly the contagions that are so deadly to our fellows. The history of the human race shows innumerable attempts to find and search out a means of prophylaxis and rejuvenation, but these efforts have been rather in quest of "the fountain of immortal youth" and the driving out of the body one disease by engrafting or producing another less dangerous. Few indeed have been the intelligent efforts to discover medicinal prophylactics among the herbs and medicines that we daily use or have access to. The physicians of all schools unite in honoring the name of Jenner, who conceived the idea of physical prophylaxis against that dread disease, smallpox, and how much more will they honor the man who discovers and develops a prophylactic medicine for smallpox, measles, diphtheria, etc., etc., prophylactics that will act in any climate and under any circumstances, prophylactics that while positive in their action and protection would be harmless and inert when given in health, so that trouble nor injury could never result from their use. This would be a step in the right direction. It would be applying reason to therapeutics, and medicine would begin to take a position among the sciences, instead of being rank empiricism as it is held to be by some of its most eminent devotees today.

If, then, prophylaxis against all manner of disease contagium is the chief end to be gained in medicine, it stands to reason that before we can expect to combat it intelligently, we must know something of its physical nature and how it operates in the system to produce the different specific maladies.

It is held in this day and age that every disease that preys upon the animal system is of microbial origin, but I contend that disease is more of an essence than a microbe, that it acts upon the central cerebrospinal nerve centers, impressing some of them to forsake their normal physiological functions and devote their energies to promoting a pathological anabolism or katabolism as the case may be, in certain tissues of the body, which, when it has exhausted its power over them, ceases to act, the natural physiological metabolism follows gradually and the body is restored to health, or else succumbs to the malady from excessive pathological and regressive metamorphism.

There can be no question but that the central nervous system is the dominant factor in every process of physiological life, whether it be anabolic, metabolic or katabolic, from the inception of germination to the last respiration of the individual. If the trophic nerves sustain the life and promote the growth of the individual by their direct influence upon digestion, absorp-

tion, assimilation, secretion and excretion; if the sentient nerves preside over sensation, motion, language, mental and moral manifestations, then why may not these same nerves when acting under the direct influence of some disease contagium, be as likely to beget pathological tissue change and much more so than microbes? If the machinery of individual life is run by nerves, and the normal equilibrium of health and physiological activity is sustained by the same, why may not ill health and pathological tissue activity be brought about by these same nerves under the power of some subtle disease contagium?

I contend that in reality these are the facts in the case, and that as physicians we have misunderstood and consequently misapplied, in theory at least, our means and methods of medication.

In proof that the central nervous system governs and operates all the functions of life, I have to but cite you to certain well-known facts in physiology. Respiration we consider one of the most important functions of life and physiologists recognize the fact thoroughly that the stimulus which excites the action of respiration comes directly from a center in the medulla oblongata, (Flint's Phys. 3rd edit. pp. 660, 726, 727, etc.,) and is therefore generated and maintained by the central nervous system.

Heart action and circulation we consider, possibly, the most important function of the vital economy and this, like respiration, is generated and maintained, augmented and inhibited by a central nerve center and its auxiliary nerves and ganglia. (Brubaker's Comp. Phys. pp. 55, 56.). Here we find that an application of medicines directly to the controlling nerve centers will stop and start the heart. Muscarine stops the heart by its action upon the inhibitory center of circulation in the medulla oblongata, and atropia starts the heart by its reverse action upon the same center. Exactly the same results are obtained, providing the vagus nerve is not severed, by giving the medicines hypodermically or per orum. (Flint's Phys. p. 654.)

The experiments of Wood and others have proved to us that medicines cannot act when the vagus nerves are severed high up in the cervical region, no matter how they may be given. Hypodermic medication is as powerless as stomach medication, (ib. p. 665) showing conclusively and beyond question that medicines act through the nerve centers in the brain by way of the afferent nerves; these same controlling centers receiving their impressions and power of continued action from the medicine administered, through the afferent nerves whose terminal filaments ramify throughout all cellular and mucous tissue. The idea that medicines are carried to the seat of action

by the blood or circulation is an error, I am persuaded, for were this the case, we would observe some action from them in spite of the division of the afferent nerves.

To further illustrate this idea, let us turn to the action of these same nerves in a normal and healthy physiological condition. Let us note the phenomena discovered in the different organs and tissues under the same impressions. A division of the pneumogastrics in a perfectly healthy animal produces immediate and grave disorders of the digestive processes and the animal seldom survives more than a few days. Personally I had the opportunity to observe the results of a division of one of the pneumogastric nerves in the lower cervical region of a splendid horse. A large chisel was accidentally driven into his neck, severing one of the carotid arteries and the pneumogastric nerve. I tied the artery but did nothing toward uniting the severed nerve, and witnessed the horse go through all the stages of complete and total starvation, although eating and drinking abundantly in his freedom for three months before he died.

Intestinal secretion and digestion is as markedly influenced as is that of the stomach by section of the pneumogastrics, showing that the normal physiological functions of life are continued, yes, and begotten by the central nerve centers, and that when these same centers are disconnected from the terminal stations by a division of the connecting nerves, the terminal stations suspend action because their supply of energy, electricity, or nerve force is cut off. (ib. pp. 262, 664, 665.)

The same results are noted in regard to the action of nerves upon nutrition. By dividing the nerves that supply an organ we can destroy not only its normal functions, but its individual life as well, since an organ of the body deprived of its central nerve support cannot appropriate and adjust the supply of nutrition received by it properly, consequently it breaks down into a putrid mass and is totally destroyed. (ib. pp. 405, 406). In other words, any organ severed from the brain centers which govern its various physiological activities, cannot maintain its integrity, and therefore must perish from among the working members of the body corporate.

The same is no less true of waste and elimination, for by experiments upon animals we find that we can augment or diminish not only the normal functions and secretions, but we can actually cause disease by stimulating the nerve centers. (ib. pp. 348, 481). Not only are secretion and excretion increased or diminished by the influence of galvanization and division of the nerves that supply the different organs, but repair and waste is so quickly altered that you may observe the change readily in the color of the blood coming from an organ or circulating

within it, since by division of one set of nerves waste is actively increased as can be seen by the dark blood in the veins, while on the other hand, it is retarded or stopped altogether as may be discerned by the same blood becoming red or arterial in appearance. (ib. p. 347)

If, then, we have established the fact, as it would seem we have, from these observed and well-known physiological phenomena, that the central nervous centers in the brain and their attendant ramifying nerves are the dominant factors in all the different physiological functions of the animal system, then we are ready to take up the question of how the nerves act and by what force or power they govern the manifestations of life. If we can explain this action beyond a reasonable possibility of doubt then we will be in a position to understand how disease contagium operates in the human body, and how medicines act to cure or prevent the same.

As long ago as Jan. 1898, there appeared in "Popular Science News" an article entitled "What Is Nerve Force?" which set forth and demonstrated from a logical point of view at least, substantially the same conclusions arrived at recently by Dr. A. P. Matthews and others. Dr. Matthews has demonstrated pretty thoroughly that all nerve action is electrical and that the poisonous action of inorganic salts is due, not to the salts themselves, but to the charges of electricity which they carry; that negative charges of electricity stimulate the action of protoplasm, while positive charges paralyze as it were, the action of protoplasm to such an extent, that if not counteracted it will destroy the life of the individual. (Century Mag. Mar. 1902) The positive or negative charge of electricity carried by any salt is in proportion to the positive or negative elements of the salt, or more properly speaking perhaps its valence. Dr. Matthews has further shown that the transmission of a nerve impulse is in reality a process of gelation and liquation, wherein the positive nerve axis cylinder assumes a gelatinous consistency upon the passage of a negative charge of electricity, and then immediately resumes its normal liquid condition. Overton and Meyer made the discovery that anesthetics dissolve fats, and we conclude from this that anesthesia is nothing more than a temporary permanent liquation of the fatty elements of the axis cylinder of the nerve which prevents gelation and therefore stays the passage of any nerve impulse from the brain or periphery so long as the anesthetic is continued.

Here again we find that it is the nerves and not the blood that carries or refuses to carry the medicines or drugs that operate within and upon the system. The blood and circulatory functions of the body have only to do with the movements of

nutritive and waste material. It is the central, ramifying and peripheral sensory and sympathetic nerve systems only that have anything to do with the working of the organs and tissues, nutrition and waste of the body.

That this is true I am persuaded for several good and sufficient reasons, chief of which is the fact that all nerve phenomena is the result of electrical pulsations, and that the physiological action of all inorganic elements, which elements themselves make up the entire organic world, act upon the nerves by virtue of the charge (valence) of electricity that they carry, impressing the central nervous system in proportion to the amount or valence carried. From the experiments of Dr. Percy Wilde, of Bath, Eng., we learn that the addition or loss of energy has no influence upon the weight of matter, and that it is only the available, not the existent energy which gives power to a remedy or substance, and that the activity of a medicine is not the measure of its power but the measure of the amount of energy necessary to set it free or bind it up in the system so that it cannot act. To guide to this energy is its electrical conductivity or the number of electrified sub-molecules that the solution contains capable of uniting with the bioplasmic elements of the body. In other words, the protoplasmic cells of the body cannot set the energy or valence of a remedy free unless the molecules are disassociated by trituration or dilution to a point where the microscopic nerve cells may coalesce with the medicinal atoms of the remedy exhibited. It is this union of the atomic sub-molecules of the medicinal agent with the protoplasmic cells of the nerve that liberates the electric energy manifest in its action. It may be emetic, cathartic, febrifuge, antispasmodic, etc., but whatever its action is, it is expressed through the central nerve enters. It is the sub-molecules only, to make it more explicit, whose electrical valence can be utilized medicinally, since the super-molecules are too gross to affect the delicate nerves that operate the functions, organs and tissues of our bodies.

It is in this way and in this way only that drugs and medicines taken from any source—organic or inorganic, they are all the same—act in the animal organism, because the quality and valence of every element known to man and chemistry occupies its position among the elements solely according to its **positive or negative electrical properties.**

Having elucidated the action of drugs and medicines in the system, it now remains for us to illustrate the methods of nutrition and demonstrate how it is that the economy differentiates between food material and medicinal material, for we have already seen that medicines act wholly through the nerves, while food can act and upbuild only through the alimentary tract and

the great highway of circulation, so that the action of foods and medicines are as opposite in their effects upon the body as day and night.

The actual process of blood making and nutrition is so faintly understood by the majority of physicians, that it is perhaps best to review it partially in this article, that all may have a clear understanding of the subject, and realize perfectly the feasibility of medicinal prophylaxis against all manner of disease contagium.

Blood is nothing more or less than the direct product of digestion; the physiological elaboration of crude food products into nutritive tissue material. The change from crude food material to red blood is consummated in a very short time, requiring no longer than the digestion and aeration of the ingested material, or from two to six hours. The idea that all red blood must be elaborated from the red bone marrow is certainly one of the errors in physiology today, for in case of severe hemorrhage a person would starve to death before the bone marrow could produce enough blood to supply the waste. Then again, if the three to six pounds of food ingested daily by the average individual is not made into blood, good rich arterialized blood, what is it made into? All physiologists recognize the fact that it is the food which we take daily that nourishes the body and keeps it up to the standard of health, and food can do no good until it is first made into blood, so that new, red, arterialized blood must be made in sufficient quantity to supply all bodily waste and furnish a surplus as often as there is a demand for food, or about once in six hours.

The exact method in which nutrition takes place in the body seems to be directly from the arteries themselves instead of from the capillaries as has long been supposed. It has been recently shown that the arteries contain a system of papillae and villi the same as the intestines, which stand out into the blood current and select just the material required as it passes. Each separate villi in the arteries is seemingly charged electrically from the dynamo (brain) and selects its atom of nutrition from the blood stream as it passes, in the same manner that a magnet would select particles of iron filings from a stream of sawdust. In other words, the processes of nutrition and waste are dependent upon the positive and negative properties of the material entering into their makeup and are just as certainly electrical as a nerve current. See author's article "Something New In Physiology," Pop. Science News, 10, 1902. The active force or power manifest in the transeolation of the blood particles in the nutrition of the body is electricity, which is the same as the active principle in all nerve action, but the two elec-

tricitities are wholly different in their valence, if I may use the term. When the system is in need of food every separate villi in the arterial system is charged negatively to every particle of nutritive material floating in the blood current which it requires for its individual needs in its trophic labors, and selects the molecules as they pass, by virtue of its opposite electrification to that of the food molecules.

The valence of all food molecules which enter into nutrition must be gross indeed in comparison to the valence of medicinal agents which can only act through the nerves, and herein lays the difference between food molecules and medicine molecules, and this is how the system differentiates between foods and medicines; foods carry charges of electricity so gross that the nerves can take no cognizance of, or at least are not impressed by them in any way because they cannot liberate the medicinal charge which they carry along with the food charge, but these same foods sufficiently disassociated by trituration or dilution may become the most valuable and potent medicines, for the reason that their gross food charge or valence has been broken up as it were into medicinal sub-molecules.

The system will be impressed medicinally by no remedy whose electric charge or valence is gross enough to be handled and recognized as food or waste material, while any thing of any nature taken into the body in any manner, where the charge of electricity or valence is so subtle that the nerves may liberate its energy and receive its impress will act as a medicine. For these reasons the physician who deals in very small doses is working more nearly along physiological and curative lines, than those who use doses of medicine that are gross in their proportion and valence.

I have already stated in this article that I believed all manner of disease contagium to be "more of an essence than a microbe," but perhaps I best enlarge somewhat upon this idea and explain not only what sort of an essence it is, but how it may be combatted and overcome, jugulated, if you please, in its very inception by medicine-prophylactic medicines.

We have already shown that the central nervous and sympathetic systems are the dominating factors in every physiological function of animal life, and that these systems are operated in every phase of their respective activities by electricity. We have also shown or attempted to show at least, by proofs that would seem as positive as those of the nerves, that the whole complicated process of nutrition and waste takes place by means of the same force, or in other words, is operated by the same power—electricity.

(To be Continued)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PROPOSED AMENDMENT TO OUR STATE MEDICAL LAW

The biennial meeting of our State Legislature is at hand and no doubt the usual number of bills will be offered by special interests in the name of the "deer peepul;" all of which would be a joke were it not as old as the making of laws; and also for the further reason that the people pay the bills, which is no joke at all. However, law-making has become such a fine art that it is possible to so construct a bill that it will mean something quite at variance from what one would learn from a casual perusal. Such a bill is said to contain a joker,—presumably because it is the winning card—and it is intended to benefit the designer. The cause of Eclecticism does not need any such subterfuge, or in fact any deception of any kind. Personally we are not at all sure that any kind of a law is beneficial to the medical profession at large; but since we must have such laws forced upon us let us try to get a little bit of humanity and fairness incorporated into them. In this State there is the feeling that there are too many doctors—the same feeling is felt in any profession or trade anywhere in the wide world—and the laws have been enforced in such a manner as to gradually reduce this number. The belief being the same here as in other parts of the world; namely, less workers, more pay. It seems that the fallacy of this argument would be apparent, at least to persons of supposed reasoning ability, but

it is not. And so we are engaged in doing what we can to mitigate the severity of the effects of this belief as it is found in our present medical law. Therefore we are in favor:

Firstly: Of an amendment which will make it mandatory upon the examining board to condition an applicant who has failed in one, two or three subjects but has attained the required grade in all others. This will relieve him of a good deal of unnecessary strain when preparing for the succeeding examination, but it does not permit him to begin practice in any sense.

Secondly: Of an amendment which will make it mandatory upon the examining board to endeavor to arrange terms of reciprocity with those several states in each of which the medical laws are not essentially different from ours. This will relieve us of the odium of a dog in the manger policy; and it need not lower our rather high standard one jot.

Thirdly: Of an amendment requiring each of our various state medical societies to nominate double the number now nominated. This will give the Governor greater latitude in making a selective appointment, and thereby comply with the expressed wish of the Chief Executive.

Fourthly: Of an amendment requiring that a person who desires to study medicine to first procure a certificate stating that the applicant has the necessary preliminary educational qualifications and that such certificate may be acquired but in one way; namely, that the various County Superintendents of Schools shall examine in person or by deputy, at a fixed time, any applicant for such certificate, and that the examination shall cover such studies and branches as are recognized as the minimum requirement for graduation from the High Schools of this State; provided that the applicant, if found qualified in a majority of such branches, shall be granted a provisional certificate good for one year and at the end of which time he shall fully qualify. This will permit the person desiring to enter upon the study of medicine to fully qualify before leaving home, and the boy who gets his Latin while driving a plow has a chance as well as the boy who gets his in High School. For there are many ways of acquiring even book knowledge beside going to school, and to the mind of the writer such methods should have more ready recognition. The ambitious poor boy is still with us and we sincerely hope he always will be.

Now, we do not suppose that all of these suggestions will appeal to all of our readers, but we believe each one to be fair and equitable. Such as they are we leave them with you.

"606."

Dioxydiamidoarsenobenzol is said to be the correct chemical name of the arsenic compound recently introduced by Prof. Paul Ehrlich as a cure for syphilis. It is called "606" because that is its consecutive number in a series of experiments by him to determine a remedy for the cure of this disease. It is a yellowish powder and a single dose of eight grains is given intravenously or by intramuscular injection. "The action of the remedy is nothing short of marvelous for within a few hours after the injection, the chancre and adenopathy begin to disappear, the eruption pales, ulcers heal, etc." "Many good people were wont to scoff or at least to shrug their shoulders at Paul Ehrlich, because in spite of his wonderful energy, tireless industry and remarkable scientific acumen he had not given the world anything practical, anything utilizable in every day practice. Well, Ehrlich has redeemed himself. He has justified his life-work, if it needed any justification. The name Ehrlich will never die. He is among humanities very greatest benefactor. He is immortal."

The above quotation is made because it tells the whole story in a few words, and we can consistently add that we **hope** it is all true. But the same thing was said upon the advent of the tuberculin treatment—perhaps the most colossal fraud ever inflicted upon the ill of a confiding public—and we, personally, are wary. One would suppose from such enthusiasm that before this discovery there was no remedy for the treatment of syphilis. An idea which eventually will reach the laity as did like ideas concerning pneumonia and typhoid and it will be necessary for our "Regular" friends to still further reduce the number of practicing physicians. We personally know that a number of Eclectics are treating this disease quite successfully and not sending the patient away from his home to do it, either.

"606" doubtless is a powerful drug, but this is not the first time that arsenical compounds have been used in this disease. But, of these other instances the less said the better, at the present time.

This is a good time to let the "other fellow" do the experimenting.

WHOM THE GODS WOULD DESTROY THEY FIRST MAKE MAD.

We are well aware we are treading upon somebody's pect corns, probably the corns of a good many somebodies, when we venture a few remarks upon the "Dispensing Doctors" problem, but we cannot keep silence upon a matter whose discussion has of late caused so much acrimony and extravagant use of adjectives of the you're-another variety by the heated disputants.

We are for the pharmacist and his rights first, last and all the time, but what are these rights? The discussers and cussers have apparently lost sight of the difference in meaning between the words rights and demands. Some of the pharmaceutical journals, and some pharmaceutical associations have asserted and passed resolutions asserting that the doctor has no right to dispense his own medicines, and should be debarred therefrom by law. Even the N. A. R. D. met in annual session last month to discuss the following preamble and resolutions:

Whereas, Owing to insufficient pharmaceutical education of practitioners of medicine, on the one hand, and the fact that it is capable of proof that, in a large number of instances, the character of the drugs and medicines supplied to the dispensing physician is of inferior quality and impure according to official standards, on the other hand, hence prejudicial alike to the practice of pharmacy and the welfare of the public, therefore be it

RESOLVED, That the legal department of the N. A. R. D. be instructed to draft a suitable bill for the purpose of prohibiting the dispensing of drugs and medicines by physicians, and be it further

RESOLVED, That this association shall use its influence in endeavoring to have said bill enacted into a law in every State.

Of all asinine things, this is the asinist. It is the doctor's **right**, (emphasize it, please) to give his patients whatever medicines he deems best, and this right will not and cannot be taken from him until the sun rises in the west, and that will be a long time. All the druggist or any one else has a right to demand is that the doctor shall be competent to decide what is best and that he use the proper quality. These demands should be enforced by law, but to take away the right to dispense, what rot! The homeopathic fraternity would be wiped out entirely by such a proceeding.

If the N. A. R. D. believes the doctor has not sufficient pharmaceutical knowledge to manufacture medicines, then compel him, if he would compound, to qualify; if he buys and

uses inferior drugs, get after the manufacturer and make him observe the law, and while you are at it get some legislation that will make the doctor use only reliable stuff, but for goodness' sake, don't think you can stop him from dispensing. You can't, and you shouldn't try.

The pharmacist complains that the physician buys bum stuff from bum supply houses. Why doesn't the druggist get after the trade of the doctor and sell him what he needs? Then, as we all know there are no bum druggists and no bum goods in drugstore stocks, there would be no danger to the patient, the dear public. (This is sarcasm.)

Suppose all doctors wrote prescriptions, what assurance is there that all druggists would dispense naught but the reliable? We all know there are some druggists who in their purchases put price first and quality second, and there are some wicked manufacturers besides the physicians' supply houses. Possibly some of these prescriptions might go to some of this kind of druggist and be filled with some of this kind of drugs. How is the patient benefited in such case?

The character of drugs dispensed by doctors is unquestionably often abominable, but these doctors are not altogether responsible for such a state of affairs. Make it a crime for every one to make, sell or dispense off-color medicines; this is the direction in which our efforts should be exerted. If the doctor wants to be a compounder, get the board of pharmacy after him to determine his capability, but there's no sense or justice in any proposition to deprive him of the right to dispense. Following such a proposition to its ultimate conclusion would take from him every aid and means he has with which to combat disease. He couldn't have in his possession, use, lend or sell a hot water bottle to make up an extemporaneous solution from a tablet for an emergency injection.

We insist, the doctor has an inherent right to dispense what he will, and the laws and the public sustain him in his right and will not allow it to be taken from him.

The druggist, whose interest is principally a financial one, made a mistake long ago when he let the doctor's trade get away from him. If the druggist could and would supply the doctor what he wants (even though the medico is after a little profit) there would be no reason for the hubbub which now deafens us.

During the past two or three years we have heard a lot about the propaganda for the use of U. S. P. and N. F. preparations, the cultivation of "more cordial relations" between physicians and pharmacists, etcetera and so forth. How in the name of common sense can you expect to win the doctor by pat-

tung him on the back with this soft stuff when at the same time you smash him in the face with such a fist of steel as these N. A. R. D. resolutions? No act is better calculated to make wider the breach between the two professions than is the "campaign," God save the mark, which has been pushed along these lines.

We approve heartily of the attempt to get the doctor to prescribe U. S. P. and N. F. preparations, but if he will not, but wishes to dispense, try to induce him to dispense these, and sell him the stuff yourself to do it with.

There is not a doctor or a medical journal which will admit there is any reason or reasonableness in the druggists' demand that the doctor shall quit dispensing. On the contrary, if druggists really knew what the medical journals and physicians say about them for this asinine proposal, they would realize that in their haste and ignorance they are barking up the wrong tree.

Now, we have said our say on this question and we feel lots better. We expect a lot of criticisms and some pretty tart rejoinders from some quarters. We shall not answer. Our opinions, as expressed, are honest ones, resulting from long-time experience and observation, and it would take a lot of undiscovered up-to-date-as-yet facts, figures and arguments to make us change them.

We believe our friends, the pharmacists, seriously err in an advocacy of a proposition such as that which furnishes the text for these "few remarks."

(Since the foregoing was written the meeting of the N. A. R. D. has been held. While dispensing by doctors was deprecated, no attempt to remedy the "evil" by legislation was decided upon).—Ed. Practical Druggist.

CO-OPERATION.

Let us do an example in arithmetic.

If it takes four men, working together, five minutes, to raise a five-hundred-pound safe to an elevation of five feet, how long will it take the same four men, working one by one, to raise the same safe to the same height?

And we will hear this answer from everybody:

Nonsense,—what four men, working together, can easily accomplish in a few minutes, no number of men, working one by one, even if for the same purpose, may ever be able to succeed in doing.—

Yet, though we all will see, that it will take at least four men working together, to raise the safe, we are trying to lift heavier weights, do larger tasks, one by one, without calling

for that co-operation, for that help, which we must have before we can succeed.—

This lack of co-operation, this playing a lone hand, is what is holding us back, every one of us.—

Not to say that we Eclectics are not successful.—

But this success is not due to the fact that we are playing a lone hand, but notwithstanding it.—

The moderate success the average Eclectic practitioner may boast of, not in the way of curing his patients, for in this his success is great, and of this we do not speak, but in a business way and in obtaining the public recognition he deserves, is due solely to his Eclecticism.—

But if the Eclectic practitioners would co-operate as do practitioners of newer and less deserving schools, no power on earth could prevent Eclecticism from becoming in a very short while the reigning system of medicine.—

Co-operation is what has made our trusts.—

Co-operation is a great power for good as well as for evil.—

And co-operation is what the Eclectic School, the Eclectic practitioners should practice.—

And by co-operation is meant, not kindly feelings, wishes of success, reading the same papers, going to the same meetings, and eating the same kind of food, but really working together, shoulder to shoulder, hand in hand, at the same time for the same purpose and for the same purposes, until you have achieved what you desire, until you have been given that recognition which you feel, which you know, you are entitled to and which is unjustly withheld from you.—

The co-operation of your enemies is what has harmed you for years, and which you have had to fight.—

Your own co-operation is necessary for you to win, and without it any battle won, any success achieved will be valueless, because you will be unable to hold the fruits of your victory.—

The Eclectic school of medicine is called the American school of medicine.—

Why not then keep this motto for our guidance?

“United we stand, divided we fall.”—

This is the motto which has led to victory the glorious armies of our country.—

It is surely a motto of co-operation.—

“United we stand, divided we fall.”—

And this we must keep in our mind.—

The war which we must wage against our enemies is not a war of conquest only, but also a war of self-preservation.—

We have reached the point where we can not stand still.—

Having gone so far as to force our enemies to declare peace, we must not forget that the only way to preserve that peace is to be prepared for war.—

And for war we must be prepared, for the peace that has been declared is nothing else but an armed truce.—

We must not forget that however superior we may be in our therapeutic achievements, we are vastly inferior in numbers, and are bound to be swallowed up, if we do not, by massing together, make a creditable and formidable showing.—

We must co-operate in all things which may give our school a firmer standing in the community.—

And always we must remember that—

“United we stand, divided we fall.”

—A. A. A. in Eclectic Review.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20th, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. L., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Dec. 6th at the usual hour and place.

Dr. de Moneo read a paper on Chronic Catarrhal Prostatitis, —which was followed by a long discussion on the therapeutics of the various forms of electricity.

The annual election of officers resulted as follows:

Pres.—J. F. Barbrick.

Vice-Pres.—Orin Davis.

Sec'y and Treas.—P. M. Welbourn.

The next meeting will be held on January 3d, at which time Dr. James Beard will read a paper.

Adjournment.

P. M. WELBOURN, Sec'y.

J. BEARD, Pres.

NEWS ITEMS.

LOCATION: A physician living in the northern part of this state who is going to retire owing to age and ill health wishes to turn his practice over to an up-to-date Eclectic. Nothing to sell.

Mrs. E. R. Harvey and son, Long Beach, have returned from a visit to Ohio, having been called east owing to the illness and death of a sister of the former.

Dr. and Mrs. H. T. Webster have returned to their home in Oakland after a month's visit to this city, during which time Dr. Webster delivered a course of lectures in the California Eclectic Medical College.

Mrs. Scheurer, wife of Dr. B. W. Scheurer, Long Beach, died on December 20th at her home after a lingering illness of three years. The Journal extends sympathy to the bereaved husband and children.

Dr. Orin Newton, C. E. M. C., 1910, was a successful candidate before the last State Board. Congratulations. We understand that Dr. Newton will practice his profession in partnership with Dr. L. A. Perea of Long Beach.

Dr. J. B. Clifford of Santa Barbara has been appointed surgeon with the rank of Colonel on the staff of Brigadier General of the Uniform Rank Knights of Pythias.

COLLEGE ITEMS.**J. F. Barbrick, M. D.**

The students of the college having had their time occupied by their studies and lectures since college began, found that it would be well to get acquainted with each other, and the faculty, a little more. So on Monday evening, November 27th, they invited their friends, and the faculty and their friends, to the college auditorium for an informal social time. A very interesting and entertaining literary program was given by the students and their friends, after which everyone proceeded to get busy and have a good time and get acquainted. Games of different kinds and dancing were indulged in until a late hour.

Dr. O. Newton, C. E. M. C., '10, took the recent State Board examination held in Los Angeles December 6-9. The boys all hope "Newt," as they affectionately call him, makes it.

The hearts not only of the student body but of the faculty went out to Mr. Cox '13 during his illness, and when it was announced he was out of danger and would be able to renew his studies after the holidays, their joy was unbounded. Hurry up and get strong again, "Coxie." We can't get along without you.

The California Eclectic Medical Journal

Vol. IV

FEBRUARY, 1911.

No. 2.

Original Contributions

GALVANISM AND FARADISM IN THE TREATMENT OF PYOSALPINX OF THE FALLOPIAN TUBES.

Dr. J. V. Steele, Waitsburg, Wash.

Read before Washington Eclectic Medical Association, August
2, 1910.

While this is a very big subject to treat any ways near comprehensively in one short paper, yet I hope to give some of the more salient features of electric treatment of a very intractable condition of the female pelvis.

To make this paper more comprehensive, it may be necessary to refer to some of the basic principles of these two currents. We should remember that the galvanic current is produced ordinarily by chemical action in the galvanic cell, also that its effect when applied to the tissues of the body is chemical. This chemical effect is not the same at both poles. The anode or positive pole is the one for sedation—congestion, inflammation and pain. The anode is applied nearest to the part or organ in which we wish to reduce size and fullness—sub-involution. The cathode to those organs or parts that are too small or where dryness is to be overcome. The cathode is more irritating and painful.

While the exciting action of the faradic current is chemical action in the galvanic cell, the effect of it when applied to the tissues of the body is not chemical for the double reason that it is not constant. Each make causes it to flow in one direction and each break causes it to flow in the opposite direction. And also because it is not a galvanic current, but an induced current. Therefore the effect of the faradic current is only mechanical.

It is interesting to compare the effect of faradism and mechanical vibration. We know that the short rapid strokes of the vibrator have a sedative or pain-relieving effect when applied to a painful part or organ. Also that the rapid faradic vibration, especially if made to flow through a very long fine secondary wire, has a decided pain-relieving effect. There is not so much difference in the effect of the two poles of this current. In fact the effect is practically the same for the two poles.

But when long slow strokes of the mechanical vibrator are applied to the tissues we get a decided stimulating action. Also we get the same effect when the slowly interrupted primary faradic current is applied, either pole being the same.

Having learned the difference in effects of these two currents and difference in effect of the two poles of the galvanic current, we are in a position to apply them to diseased conditions, just as intelligently as we are able to apply the different drugs after first learning the therapeutic action of each.

As there is a difference in reliability of the different drugs so is there a difference in the effect and reliability of the different batteries on the market. Especially is this true of a faradic battery. Probably the galvanic action is the same regardless of source or apparatus. But not true of the faradic. "Any old battery won't do." Probably the most complete faradic battery is that manufactured by Waile & Barttette, N. Y. It is made according to instruction of Dr. Engleman who, no doubt, is the best authority on faradism. This battery is rather expensive and is made only when ordered. You will find a full description of it in "International Electro-therapeutics."

A good faradic battery must have coarse, medium and fine secondary coils for different effects. The coarse wire for muscular contraction and nerve irritation and the fine long wire for relief of pain and irritation.

I have always been interested in galvanic and faradic electricity, and the first case of fallopian pyosalpinx I treated made a profound impression on me. This was a case of seven or eight years standing with the usual history of those cases. I gave her forty-three treatments, vagino-abdominal with large pad to abdomen and cuped shaped negative electrode to cervix uteri. It was my purpose to give these treatments twice weekly—Tuesdays and Fridays—but patient could not come to office regularly. Taking the patient's word for it, the amount of pus drained away in this case was enormous. The discharge of pus gradually ceased and patient seemed much improved. Treatments were stopped, but not long after, she began vomiting every few hours, not being able to retain nourishment or medicine.

Physiical examination of pelvis negative, but suspecting some trouble in the fallopian tube, and as a last resort, decided to operate. Now comes the interesting part of this case, from the standpoint of electric treatment. When the abdomen was opened the tube on the affected side was found in normal condition so far as pyosalpinx was concerned. But at its distal end there was a small cystic tumor the size of the end of the index finger. This was removed and patient made a speedy recovery. This, my first case of fallopian pyosalpinx to treat with elec-

tricity, afforded me an opportunity to see exactly what galvanism did for that pathological condition.

Another very striking and seemingly unfavorable case came to me for treatment. This patient did washing for a livelihood, but every few weeks she would have to go to bed on account of pelvic pain and soreness. This had been the case for six years or longer. On examination found pelvic inflammation had been very extensive. Pelvic organs adhered and immovable. She gave a history of much discharge of pus from vagina, but when the discharge would cease the fallopian tube would fill and cause her severe pain and soreness. The systemic effect was also marked. I often attended her in these spells when the pulse would be 120, temperature 102 F., chilly, cold moist feet and hands. I tried to discourage this patient taking electric treatment, but advised surgery; she refused surgical interference. It was up to me to do the best I could. Gave her twenty-five vagino-abdominal applications of galvanism, large waist pad to abdomen, cuped shaped negative electrode to cervix. Aimed to give treatments twice a week—Tuesdays and Fridays—but patient came irregularly for treatment and finally, against my advice, quit coming.

I did not see her after her visits to office ceased, for about two months. During this time and during the time she took electric treatments she followed her usual occupation—washing. When I saw her next, she volunteered the information that she had not had a “spell” since she quit treatment. The last time I saw her was about two years after treatment and she was still feeling well.

In these two cases, a current of from 30 to 50 milliamperes was used and allowed to flow from five to seven minutes at each treatment; as said before, treatments were given twice weekly, when possible, but were not given regularly on account of patient's negligence.

After treating the above two cases I have found a better method is to insert a No. 12 or 14 curved metal uterine electrode into the cervix past the internal os-uteri, using the same strength current for the same length of time, and before uterine electrode is removed, use for about ten minutes the faradic current from the long fine coil. This faradic current has a very decided sedative action on the affected organs.

I have also learned that instead of using the large abdominal pad it is better to use a small round pad—say four inches in diameter—placed over the affected tube. This intra-uterine application of the electrode has the double effect of dilating the cervix and causing better drainage. I think this intra-uterine

method with the small pad over the affected tube hastens recovery.

I could give many other cases treated in this way, but selected the above cases because they are especially interesting to me.

When I first began using the electrical treatments for fallopian pus tubes, I often became discouraged. I hadn't learned to be patient. It will not do for physician or patient to get in a hurry. These are chronic conditions and require chronic treatment. If we apply our treatment faithfully with a good reliable apparatus, we can expect to be rewarded with many cures. Some may not be cured; especially are gonorrhoeal cases very stubborn. Probably all such should be operated upon. But for the ordinary case of fallopian pyosalpinx of non-specific origin, it is curative.

It is slow to be sure, but we must remember the ordinary patient is not confined to bed at all during treatment, can even be about their usual occupation. There is really not much if any more time lost than when salpingectomy is performed; besides, the patient is cured with her organs intact.

Gentlemen, I have tried to give a true account of my experience with and the method of applying galvanism and faradism. I don't believe this treatment for pus in the fallopian tubes is used as much as it ought to be. I hope you will discuss this subject fully, and especially hope you will use this treatment to relieve a most stubborn diseased condition.

TREATMENT OF CANCER WITHOUT OPERATION.

By **E. Mather F. Ph. Eng., A.M., M.D.,** Detroit, Mich.

Member of the Royal Institute of Public Health, Eng. Member of the American Association for the Advancement of Science; of the American Health League, Etc.

Read before the California Eclectic Medical Society.

We are thoroughly alive to the fact that cancer and similar morbid conditions, has been well known for ages past, and that this disease possesses certain characteristics, and attacks by preference—with a regularity which is most consistent—particular organs or structure.

Now the affection, moreover, unilateral, clearly demonstrating that cancer, in its initial stage at all events, is not a blood disease.

What more ambition could one cherish than that of aiding in the solution of the difficult problem of the pathogeny of malignant disease? With this subject from time to time being

before me, here permit me to draw your attention to the close pathological relationship, which, we have recently learned exists between diseased organs and those in physiological sympathy with them.

Now it is not my intention to quote at any great length from writers on this hitherto unanswerable question, but more embody the results of my personal experience—which has now extended over many years—trusting that something may be gleaned from it, which may be of service to others working in this important field of research. For I am conscious that, unaided, it may be deemed impossible for any one mind of any one man to grasp fully, so as to enable to demonstrate to his own satisfaction even, the pathogenesis and therapeutics of this so-called terrible disease. Yet it must be conceded that patience and persistent study may enable one to overcome very many difficulties.

Now, is it only coincidence, or is it not due to some inflexible law, which tends to render some women at a certain age, and living under similar social conditions, but whose sexual organs have been in abeyance, more liable to scirrhus of the mamma than those in whom these organs have been brought into normal activity? The question is naturally suggested, why do not all women, whose conditions of life have been similar to their more unfortunate sisters, and who otherwise present no feature differing from the latter, not develop similar morbid conditions? Now this is a question of the very greatest importance at this present moment, and its elucidation ought surely to be the reward of one of very careful enquiry. For the fact seems beyond dispute, that scirrhus of the mamma and carcinoma of the uterus are so consistent in their etiology, that it is only reasonable to infer they must of necessity be dependent upon the confiction of certain physiological laws.

It is, however,—in the first instance—carcinoma of the uterus, as one of the subjects under discussion, that I propose to deal with in detail at this present time.

It's a known fact that the development of this disease can most assuredly be prevented if due care be given to the restoration of the health of the cervix, especially where laceration exists.

Now this lesion I consider to be a most pregnant cause of that unhealthy condition of the uterus which favors the development of carcinoma. For this, doubtless, is due to the fact that the lowered vitality of these parts has culminated in such an enfeebled condition of the tissue, as to make them into a suitable nidus for the sustenance and development of the *materies morbi*.

Then again, probably beyond this there has been coincident an altered physiological condition of a distant organ or organs, which have hitherto exercised a healthy controlling influence on the tissues affected. Now on the other hand, you will find lacerations is not the only morbid condition that favors the development of malignant diseases. Subinvolution with its accompanying endometritis and general enfeeblement of the organ, is also a very powerful factor.

I will here state without fear of criticism, that I have on more than one occasion, seen incipient malignant disease attacking the cervix uteri, which has completely disappeared after treatment directed solely to the primary morbid condition, this being followed by the restoration of the organ to its normal state of health, thereby enabling it to resist the encroachment of the disease. Therefore, with confidence, I affirm that malignant disease in its early stages may be successfully combated, with constitutional treatment; now this statement, I know, will be looked upon by those who think cancer as incurable under any treatment. Still it only goes to confirm my view that it is essentially a disease whose potency can be developed only upon a weakened organ, and becomes powerless to develop its malignancy in any part which is vigorous and healthy. At the same time it also points to the line of treatment that should be pursued, viz: to endeavor to restore the normal standard of health to the structure which has been preyed upon in consequence of its departure from its standard; therefore I hold that this is the fundamental principle one should act upon at once, if we are bound to succeed in the treatment of the dreadful disease.

It is quite unnecessary to occupy space here in detailing cases which I could use to amply substantiate the position I have here taken up, as these can be produced. Now in studying what has been written on the pathology of cancer, one becomes bewildered by the great diversity of opinion which prevails. It has, in consequence, therefore been difficult to arrive at any accurate conclusion on the subject.

Surely no argument is necessary to enable one to admit that before cells can possibly depart from the normal, and take on a malignant development, the subjacent tissue must necessarily, in the first instance have been by some means enfeebled. Now this fact would appear to have been recognized by pathologists, who have designed this enfeebled condition of the parts "The pre-cancerous tissue." Now why it should receive this designation it is difficult to comprehend, as it has not become a dire necessity that cancer should supervene.

Again, my reason for taking exception to this nomenclature is, that under judicious treatment it is quite possible to remove

the unhealthy features that are found present, and as a result, malignancy will then be averted.

In epithelioma this debility has in all probability acted as a stimulus to the degenerated epithelium cells, the alteration in their structure being the direct sequel to the departure from its normal condition of the epithelial layer of the mucous membrane; still we are at the same time fully aware that when the cell growth of the epithelium is excited by any irritant, or by enfeeblement of the subjacent membrane, a remarkable proliferation of immature epithelial cells is the result, which is found to be discharged in considerable quantities, giving rise to eatarrh.

If the altered cells, however, are retained in closed follicles, or in cul-de-sacs, like those of the utricular glands, it is not then difficult to conceive that they may become implanted within the follicles of the glands, and then proceed to a further and even a pernicious stage of development.

It will here be found that they thus are transformed from a benign to a malignant state of existence, when they consequently commence to prey upon their environment.

It will still be found, after further prostrating the already enfeebled tissue they will as a matter of course progressively infiltrate it, developing within it their character of malignancy.

Now just for a moment let us glance at two familiar blemishes which may without hesitation be pronounced simple and benign in their nature, still within which cancer in a latent stage most assuredly exists.

I now refer to such as warty excreescences and moles, which not infrequently disfigure elderly people. Yet at the same time these may have appeared in, and persisted since youth, yet without any soreness or difficulty and undergoing any apparent alteration in their characteristics during the whole life of the individual, still we do not find this the rule, as warts which develop on young persons generally disappear before the age of puberty, while in those we find making their appearance in adults, if left alone in all probability, nothing dangerous need be apprehended, hence the advisability of not interfering with them or attempting their removal, without we are prepared to use good sense and proper treatment, and cut wide of the altered tissue. Now on the other hand, if extreme care is not exercised on this point, and the wart or mole be irritated, malignancy is liable to be developed, which will be found to rapidly invade the surrounding parts.

Now we well know that these affections of the integument are composed of the normal constituents of the skin, but of which from some cause or other have become hypertrophied, still no one can possibly affirm that these deformities are devoid of malig-

nancy prior to their being disturbed or irritated, but this we do know, that their vitality is not so vigorous as that of the surrounding tissue, or their tendency would be to encroach upon it without provocation. I maintain this to be true, because of the fact, that no hypertrophied or adventitious cells can possibly equal in vigor and health those of the normal tissue, yet their very presence, like that of a foreign body, may excite so much irritation, and consequent enfeeblement of this, as to enable the foreign element to gain the upper hand, and eventually to prove successful as an invader.

By this, we are at all times enabled to comprehend, that as long as the surrounding skin is healthy and intact, no evil consequences need be apprehended, but let this be irritated either by an unskillful attempt at operation, or in any other way, and then we need not be surprised if the result is disastrous.

Again, I here draw your attention to these palpable instances of latent malignancy, living in actual contact with healthy tissue for an indefinite period, and yet remaining innocuous to illustrate my contention that malignant disease is, in every instance developed within the economy itself, and essentially consists in an altered condition of normal cells, which figuratively, may be regarded as having become cannibal.

From these two illustrations which I here cite, it is shown that warts composed of epithelial tissue may give rise to epithelioma, and yet retain many of the original characteristics of normal epithelium throughout the whole course of the continuance of the disease, and second we have the mole, which is composed of an accumulation of pigment cells, giving origin to melanotic cancer, which may aptly be described as cannibal pigment cells, seeing the malignant disease retains the pigmentary character throughout.

Therefore we must at all times endeavor to restore the weakened tissue in its immediate neighborhood to the healthy standard.

In this way, we will be enabled to prevent the onset of the disease, and arrest it while in its initial stage of actual existence.

DIAGNOSIS.

Now in approaching the subject of diagnosis, one can not avoid being painfully impressed by the great diversity of opinion which would appear to exist on this point.

For numerous instances are on record, where eminent pathologists, examining a single specimen, have differed in the conclusions formulated after very careful study. For one pathologist would claim a definite neoplasm to be malignant, while another observer would affirm the same tumor to be benign.

Now is it necessary to ask if it is possible to reconcile such

divergence of opinion? It goes without saying that an early diagnosis is essential if we are to be permitted to look forward with confidence to success attending any line of treatment that may be adopted? Now we know this holds good whatever method be decided upon. If we have a patient who complains of depression of spirits and irritability of temper and it is ascertained she is suffering from excessive discharges at the menstrual periods, and if besides this there is constantly present a purulent or mucopurulent discharge, which may, or may not be, at times tinged with blood, pain in the back and loins, no opportunity should be lost in making a complete vaginal examination, and if there is any doubt whatever on the part of the medical attendant, it is his duty to have this at once set at rest by calling in other advice.

Therefore, if it is ascertained that the discharge is offensive in odor, and granular and exoriated, his suspicions should immediately be aroused, and without loss of time active treatment commenced. Now when the above symptoms are found present, they will usually be accompanied by a grinding pain across the loins, with at times an excessive flow of limpid urine, with a feeling of general debility, the patient will also complain of being very easily fatigued, the patient experiences coldness of the extremities and a sensation of languor. The sleep will also be fitful and never followed by satisfactory refreshment.

A "DOPE FIEND RESTORED."

Ovid S. Laws, M.D., Los Angeles.

It does not sound complimentary to call a human being a "dope fiend." But such is the fate of a poor mortal, who, like the angels who lost their first estate and are held in chains of darkness, had lost his first estate and was chained by a drug demon, and held under the darkness of utter despair.

On about the 10th of August, 1910, a man of 41 called on me for a prescription for $\frac{3}{8}$ S of "laudanum." His looks gave him away at once. I told him I could not do it unless he would begin to break off from the habit. He thought that was impossible. I learned that he had been at it for twelve years, and had kept it all the time from his wife and everybody else but a doctor and some druggists. He said a doctor gave him a prescription of "opium and tannise" in capsules, for a chronic diarrhoea, which only held it in check while taking them.

Later on he got "Paregoric." That soon lost effect, but the bowel trouble did not lose its effect. Then laudanum was begun, and did well, but had to be used all the time, and more of it as the days went by and months and years ran up to at least a dozen.

Thus we have a brief view of the evolution of a "dope fiend." I suppose that is about the way they all are made.

I have seen many, but never treated but one before. A lady was taking about one grain of morphine daily for pains in forehead and eyes. I saw that gelsemium was indicated, and gave it to her in large doses, and she was well in about twenty days, without any more morphine.

I assured Mr. G. that if he could be controlled, he could be cured. He was completely cornered and could get no "dope" without consenting to a trial for a cure. He was using $\bar{5}2$ of laudanum daily, and the support of his small family depended upon his labor. He would fill a two-ounce vial with laudanum in the morning and drink half of it in the forenoon, and two or three glasses of gin as he went to and from his work, and at every chance, making one or two pints a day. But he was bordering on a collapse and felt despondent. He said but for his wife and child he would go into some room and turn on the gas. He had a rolling, rapid pulse, ranging from 100 to 120 per minute, yet the skin was cool and moist. I told him we would cut his "dope" down one-half at the start, and run at that until he got used to it, and then cut again. He feared it would knock him out of work. But I assured him I would give him other drugs to more than make up for the cut in his opiate. So I wrote a prescription for $\bar{5}8$ of laudanum, and told him that it must last him eight days instead of four. I gave him $\bar{5}8$ of a mixture containing Lloyd's avena, hyoseyamus and nux vomica, in maximum doses, and told him to fill his vial half full of that, and fill with the dope, and take as usual, and take a teaspoonful of the avena mixture every three or four hours besides. This was followed pretty well, but he complained of insomnia, and feared he could not hold his job. So I added Spec. med-gelsemium to the next two or three bottles, and later left out the avena.

I started out to cure this man by giving him the indicated remedies, and as the treatment was long, I shall only mention the remedies used in the case, and given in large doses. I have mentioned avena, nux and hyoseyamus. I soon found use for Cactus, Spec. crataegus, veratrum, quinine (as the diarrhoea was periodical), cinnamon, geranium and thymol.

In about 24 days I made another cut by ordering laudanum $\bar{5}6$ and Tine. gentian $\bar{5}2$ in an $\bar{5}8$ mixture, and used as before.

The next cut was made by ordering laudanum and sherry wine, equal parts, used as above, two doses a day, with the tonic three or four hours apart, and gin much reduced.

The prescription was written the same from this on, but by a remark to the druggist, I made two more cuts before the 15th of October, so that he was getting only one ounce instead of four

as he supposed. He suspected it, and as he had told his wife, at my suggestion, all about his trouble, she called to see me about it. The result was that he concluded to quit the dope entirely, and lay off two or three weeks for a rest, and clean up. I told him that when he quit taking the poison, I would give him remedies that would clear him of poison and tone him up. So I sent him a mixture of echafolta and anemopsis, to be alternated with the final tonic, made of cactus, nux and thymol. These he took for three weeks, and went back to work as a matter of necessity, but continued to gain strength. I saw him a few days before Christmas, and as he was feeling well, he had almost quit taking medicine. His pulse was down to 80 and full. He looked like a sober man instead of a "toper." He slept well and had a good appetite and no diarrhoea. And the next remark he made fairly made me shout. He said with great emphasis, "*I have not the least craving for opium or gin.*" And smoke only twice a day, but intend to quit entirely."

I felt that this was the greatest achievement of my life. The Savior asked, "What would it profit a man if he gained the whole world and lost his own life?" I found this man without a ray of hope for time or eternity. Now he is full of hope for both. He thought all such cases were hopeless. He knew some doctor who got the dope habit and was treated in a good hospital, but he died. So even if he had means to go to a hospital he would expect to die. He said that no one else had ever suggested that he could be cured. He never had heard of an Eclectic. But he has now not only heard of the Eclectic school, but has learned much of their success in therapeutics, and will employ no others.

Our journals never report treatment of this class of cases. Why is it?

Is the value of human life held so low that they are not worthy of mention? Dr. G. W. Harvey some years ago simply remarked that he had cured a case by giving the indicated remedies, but did not mention what remedies were used. I should be pleased to see reports and opinions on this class of cases. Let us show our regular brethren that we can, not only cure their "doped" cases of diarrhoea, after a twelve years' run, but also the victims of their "dope." No *true* Eclectic commits the crime of causing a drug habit. Eclecticism is built upon high moral principles that are known to be for the best interests of society.

If this case is a fair sample of the medical mischief done by the doctor who treated him for diarrhoea, what an army of blighted hopes and crippled bodies he has left in his wake.

Such blighted beings will confront him in the deep recesses of Dante's Inferno, and try to make themselves happy by making

him as miserable as possible. And yet he is only a sample of the school that so largely ignores *Materia Medica* and Therapeutics, that their students do not know that they are from fifty to one hundred years behind the times. Tradition has brought down the use of mercury and opium as the chief Allopathic weapons of warfare against disease, ever since I can remember; and yet I am sure no one has ever been cured by them. By sweeping opium and mercury from our drug stores, you would therapeutically cripple our Allopathic brothers so they would quit in disgust, yet no true Eclectic would seriously feel the loss.

This patient of mine took more opium in one week than I have ever used in all my long practice. Society needs protection against these drugs and the prescribers thereof. If the people knew their ignorance and methods as they should, they would shun them as a pestilence.

There is great need that this question should be thoroughly discussed. I was fairly forced into the experiment in this case, as he was set adrift by those who ruined him. If I have blundered in the matter, it was a glorious blunder and I shall keep on at it when such victims call upon me.

Please make the pages of our journal hot on this "dope cure" subject.

A FEW PERSONAL NOTES.

Joseph G. Tomkins, M.D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

Mr. President and Members:

Having just finished writing a paper, by request, for the meeting, on Obstetrics, I have just received a request to write one on Gynecology—"Just a few personal notes, you know." Now that was very kind of Dr. Welbourn, but some of my patients have this advantage over him; I mean those who come after office hours, you know; they have found me out, but I'll try to be in on this call, and hope the remedy will fit the conditions. Legitimate success is the desire of every graduate who enters the medical arena to combat and overcome the abnormal conditions and departure from health known as disease. The base of such knowledge as is required to do so is taught in the college selected by the student; they all travel the same road, till it diverges into Therapeutics; each one has taken his or her choice, and must abide by their selection; for myself, I believe I inherently followed the Eclectic Principle, because I chose the *Best*; to my mind the teaching of any and every College of Medicine may be compared to a bridge or arch; every stone is dependent upon the other for strength, support and beauty, but there is and must be

a keystone, which is the strongest and gives tone and support to the rest. Now, to my mind, Gynecology is that stone. Now, remember, I am only writing a few personal notes, you know, and have been reminded I can't do too much for this society, and I've promised I will not, but I will endeavor to prove that Gynecology is the keystone in the royal arch of medicine; so without further prelude, I will relate a few cases in my practice. I am not one of that class of enthusiasts who consider a woman consists of a womb and appendages, and that every ache and pain she suffers is the result of disordered reproductive organs, but what I wish to impress upon your attention is that if the practitioner is not very observant and gives those delicate and intricate organs their full share of credit in the influence they have upon the nervous system, they will make more mistakes and obtain less success than they otherwise would. I will illustrate it in the following cases, *all* that I have said of the requirements of a practitioner to be a successful obstetrician apply as fully to the gynecologist and take my word for it, to be a woman's friend in need is to make her your patron.

A gentleman accompanying his wife came into my office, who (he explained) he dared not trust alone, as she was subject to fainting spells. She had been under the care of D. B. (an Allopathic physician) for two years for aforesaid fainting spells, heart troubles, stomach troubles, etc.; had not improved in health, but got worse, and having heard of me, had brought his wife in. I gave a thorough and careful examination and questioned her closely, and said: "Madam, you have no organic disease, all your troubles are functional, and I therefore conclude there is something which is disturbing the nervous system. Did the doctor examine your womb?" She answered, "No, I'm all right there." Then I said, "If you are, there is nothing that I can do for you more than Dr. B. has done, but get onto that chair and if I am right in my diagnosis your husband can see it as well as I can; my conclusions are that the neck of the womb is in an ulcerated condition." She did so, and a little H_2O_2 confirmed my diagnosis, and also the husband's confidence. The wife came for local treatments, got well, and has remained so ever since, some five years ago; but for my knowledge of Gynecology, I should not have gained that family.

The next case which occurs to my mind is that of a woman who menstruated at the age of 16 years, and married at 30, when her husband, who had been acquainted with my son in Benicia, Cal., brought her to me. During all that time between her commencement of menstruation and marriage, so she related to me, had been a succession of agonies; she menstruated every two or three weeks, and always had to take to her bed. Her words were,

“I felt I could kick a hole in the bed each and every time, so great were my agonies.” I put her through the usual examination and found there existed a slight retro-flexion, and so-called ulceration of the cervix, and that her menstrual period either created or exaggerated neuralgic pains. My first efforts were to cure the glassy discharge which was evidence of a long-standing catarrhal condition; otherwise, she was healthy. Of course there was a septic condition surrounding the os and in the cervical canal. I then put the womb as straight as I could. I do not believe in pessaries, the cure being worse than the disease. I have found packing to be the best, if there is any best. I gave her a thorough curettage and uterine douche, with indicated Eclectic remedies, and the first time she menstruated, she had no warning of its approach and no pain in its continuance; but just a word of warning, every two to three weeks, she would send her husband into my office to say she was going to be unwell. I sent him back empty-handed, to tell her it was only symptoms of the years of pain those nerves had suffered and could not forget, but that it would wear out. It is now about six years since and she has been in perfect health ever since. They are now living in Cornwall, Cal., and her husband and two brothers have been to see me professionally for bronchial and stomach troubles several times, the brothers from Benici, the husband from Cornwall. Now, boys, suppose I had no knowledge or had paid but little attention to Gynecology; that family would not have rallied around me. Women talk, and the scale of your reputation goes up or down, either side they put in their weight, and don't you forget it; now the little fellow who has charge of the memory cells presents another case. He is very persistent and I cannot say him nay. He says, a woman was nearly carried into our office about ten years ago who had been refused any help by four prominent gynecologists, unless she consented to hysterectomy or at the best, high amputation of the cervix. She had been persuaded to apply to me as I was considered very conservative about operations. I examined her and should have said the same, but knowing that the four gynecologists whose height in medical and surgical proficiency overshadowed me so much in the mind of the laity that had I rendered the same decision I would lose the case. So I told her I thought I could cure her without an operation of so serious a nature. She had suffered for a long period from a stellate rupture of the os and its degenerating effects; locally I applied the indicated remedies, H₂O₂ being my sheet anchor. I opened up the sulcus and applied eschorotics to the parts, to destroy any deep-seated germs, giving her occasionally Macajah's Wafers to insert at night and every other method which suggested itself to me at the time, and as I have no stereotyped pro-

cedure, I have forgotten just what they were. Anyhow, she got well, paid her bill, and has been a faithful patron ever since; why, she has been better than a newspaper advertisement, and has had perfect health so far as her reproductive organs are concerned. I could go on looking back into the long vista of over twenty years of active practice and call up many cases, but the chief aim of this paper will be accomplished if I only strengthen your desire to seek more gynecological cases, learn the symptoms, then looking confidently at your patient relate them to her and you will be astonished at her confidence in you. I've been asked many times: "Why, how do you know that?" I answer: "By the same token that the pianist knows the keys on the keyboard of a piano."

MEDICINAL PROPHYLAXIS.

By G. W. Harvey, M.D., Millville, Cal.

(Continued from January Issue.)

If then, the manifold physiological activities of the normal healthy animal are operated and controlled by a fixed scale or gamut of subtle electrical units, why may not every phase of disease and pathological tissue change; every evil contagium be engendered and operated by a scale of pathological units, one electrical unit of which germlers scarlet fever, another measles, a third smallpox, etc., etc.? This is certainly a much more reasonable theory than the one of the microbe origin of disease, for we already know that all the functions of life are operated from the brain centers by electrical impulses, and that throughout life there are pathological manifestations which must be the result of, at least a misapplication of these same electric nerve currents, and while the pathological manifestations may not be specific in their nature, it is but reasonable to suppose that a disease contagium of specific nature would operate in the same way as a non-specific disorder—by abnormal nerve action under the impress of pathological electrical units or charges that may be either begotten in the system or received into it from without. It has never been demonstrated yet that microbes infest the brain centers, therefore they must be excluded from the **possible causes** of diseased conditions.

Supposing now that we have established the fact in your mind that all pathological conditions are brought about and developed by electrical units or charges; that all disease whether specific or non-specific is but the pathological manifestation of the same force that normally dominates every action of the body, and furnishes the curative power to every medicine that we as physicians exhibit, then you are prepared to understand how it is that a medicine might possess the antidoting or prophyl-

latic power over disease contagium, or for that matter, over any wrong of the system.

Medicines that are prophylactic or curative of any disease carry exactly the same positive charge; have the same valence of positive electric sub-molecules that is carried in the negative by the disease contagium or malady whichever it may be. The positive medicine being of the same valence as the negative disease meets and overcomes it by means of its attraction for it, so that an equilibrium is brought about in the system and the normal body processes establish themselves and continue on to resolution. Microbes can hardly operate through the nerves to influence any of the body processes, either normal or pathological, so that their only office really would be of a scavenger nature in assisting the removal of diseased tissue that can only result from a dyscasia of the controlling nerves.

Taking it for granted that we are now agreed upon the manner and method of the body processes in regard to nutrition, the action of disease and contagium, medicines and drugs in the system, and the principle or substance that begets and operates all normal and pathological conditions of the body, then, we will take up and consider some medicinal prophylactics that are already more or less well known and positive in their action as well as the great benefits to devolve upon humanity which will result from the widespread or universal use of **medicinal prophylactics**. The idea of drug prophylaxis is not a new one by any means, for it has long been fixed in the minds of the public and common people that such things as sulphur, asafetida, etc., and certain combinations of drugs and medicines whose combination and formulæ I am ignorant of, possess, when worn about the person or taken inwardly, the power of warding off disease and protecting the person from contagious and infectious diseases.

And again were there not substantial reasons for supposing that medicinal prophylaxis were not only possible but extremely likely and probable in every contagious and infectious disease shown to the disciples of Esculapius, this effort would have remained a mental possibility in the mind of the writer, instead of being delivered a literary heir to the expectant medical profession of America.

In beginning our investigation of what is positively known in regard to the virtues of medicinal prophylactics, we will take up that dread disease of childhood—scarlet fever.

I believe it is generally acknowledged by the medical profession that scarlet fever or scarlatina is one of the most contagious, and at the same time the most tenacious in its hold upon the system of any of the contagious diseases. Its mortality record is from two to four times that of smallpox generally,

and where is the physician who would not gladly avail himself of the benefits of a positive and harmless prophylactic if he only knew of one?

-- That there is one, I can attest after almost ten years use of it in an active medical practice in several cities and territories of the United States. I am not alone in this either, for there are thousands of Eclectic and Homeopathic physicians in this and other countries who can and will attest to the same positive results. In fact it is a matter of record in most Eclectic and Homeopathic books published upon subjects dealing with the uses and actions of medicines, and has been for near half a century, that very small doses of a **reliable preparation of belladonna is prophylactic against scarlet fever**. In my private practice I never isolate nor quarantine any of the members of a family where I have a scarlet fever patient, but allow them to mingle as freely together as they choose, providing that they will take a teaspoonful of water from a glass, into which I have dropped five or six drops of belladonna two or three times a day, and in all my professional life I have not had a second case of the disease in any family. In the very small dose as belladonna is given for its prophylactic properties it is certainly harmless and positively prevents the occurrence of the disease, both in its prodromal and subsequent stages, which is a thousand fold more than can be said of the protective properties of any vaccine or serum. We can suppose that the action of the belladonna upon the contagium of the scarlet fever is possible only upon dilution to a point where its positive sub-molecules can combine with the negative sub-molecules of the contagium, thereby equalizing and aborting the disease completely and totally.

We will now take up smallpox, which is perhaps the most widely distributed and deadly epidemic contagious disease that we have. Personally I have had no experience with this disease further than being thirty days on board a ship where it was prevalent, and will therefore have to give you my gleanings from sources which I deem authentic and reliable.

For a hundred years we have been following Jenner and have vaccinated far and wide until the practice has become almost universal and yet after all these years we are compelled to acknowledge that vaccination is not a perfect prophylactic, neither is it devoid of danger, for there are many cases on record where vaccination from some cause was most disastrous in its consequences, and there are not a few among physicians of all schools who denounce the practice as criminal, while there are thousands of the intelligent laity who denounce it and refuse to be either vaccinated or allow their children to be. And with this widespread opposition against vaccination among all

classes and professions it behooves us as physicians to be on the lookout for a prophylactic among our medicines that will prove both as safe and as efficient as belladonna has proven to be in scarlet fever.

I am positive that such a remedy or remedies does exist, and that they have been pointed out from time to time by progressive and successful physicians, but the medical profession have failed to recognize them as such and prove them beyond a doubt. The different schools of medicine have all given us something on the line of prophylactics, which had we followed up assiduously might have ere this been of much more worth to the profession than vaccination. From the Allopathic school we have received the combination of sulphate of zinc and digitalis as a prophylactic and cure of smallpox. This remedy has been used by a few physicians of all schools, and where tested has, according to written reports accomplished all that could be wished, both in preventing and curing the disease.

In the Eclectic school we have been given sarracenia, whose record comes down to us bearing the laurels of victory over smallpox, more as a positive remedy in the cure of the disease, than as a prophylactic, and yet the latter virtue has been ascribed to it in more than one instance.

In the Homeopathic school we have been given thuja, vinegar and more particularly melandrinum, whose positive virtues as a prophylactic both against smallpox and vaccine virus, and as a curative remedy in all stages of development of the diseases has been widely extolled by a few progressive men among them. How much more elegant, pleasant and scientific is this method of preventing and curing smallpox, than is the barbarous, and negative Listerian method of vaccination which is nothing more than taking disease from one animal and transferring it to another.

When it comes to diphtheria we find the Eclectics using echafolta with success as a prophylactic and curative medicine, while the Homeopaths use apis or lachesis, and claim positive results, and in the same conditions we find the Allopathic physician swearing by the virtues of antitoxin as a prophylactic and curative remedy. Personally I attribute positive prophylactic properties to the mild fumes of sulphur disseminated throughout the house in this dread disease, and under its influence have yet to see a second case of diphtheria develop in the same family, no matter how freely they may have mingled together. Tonsillitis is readily aborted and cured with a few grains of pure salicylate of soda in half a glass of water and a teaspoonful given every hour or two, so that it may be said to be prophylactic against this distressing disorder.

In speaking of measles, I have only my own experience to

offer, which is as follows: In a child three years, the mother gave bryonia 6x where all the prodromal symptoms were thoroughly well developed, with the result that the disease symptoms entirely disappeared and the child recovered without a sign of the rash. I am positive that it was measles in this case from the fact that two older sisters in the same family were just recovering from the measles when this happened. I might add that the bryonia was given by mistake. Since then I have had no further opportunity to test the remedy in measles, but am persuaded from this accident that in the very small dose it will prove to be as much of a prophylactic certainty in measles as belladonna has proven to be in scarlet fever.

Yellow fever is prevented by the use of salicylic acid and from more recent investigations arsenicum in the 3x dilution seems to be the specific prophylactic for this wholesale destroyer.

Whooping cough is prevented by the daily use of minute doses of pulsatilla. Malaria is prevented and the patient made immune in any climate by the use of arsenicum iodide 2x. The prophylactic for cholera is euphratic arsenite in doses of 1-1000 of a grain, or more recently the acaalypha betulina of India, which is being used with gratifying success by a few physicians of that country, and so we may go on through the list where we will find mention made by careful and honest physicians from time to time of medicines that exercise the office of a protectorate in our bodies and either destroy or equalize the sub-molecules of disease contagions by their mere presence in the system.

With a better understanding of the physiological action of disease, food and medicines in the corporate body we can the more readily think out the cause of things, and will for that reason if for no other, study more carefully the subtle action of the remedies which we daily exhibit.

According to eductions previously set forth in this article all contagious and infectious diseases are caused by subtle electrical negative sub-molecules that float about in the air, adhere to our clothing or person or other material, or lodge in our food and water and obtain entrance to the system through the respiratory or deglutatory tracts, setting up their evil action in our bodies by generating an abnormal activity of certain tissues of the system through the nerve impulse begotten by the union of the sub-molecule of disease with a normal, positive sub-molecule inherent in the controlling brain center or centers. So that disease contagium is, according to the best evidence obtainable, a negative charge of electricity borne about the earth by a sub-molecule of matter of such minute dimensions that with our present means of physical and chemical research we cannot detect it, and the only evidence that we have of it is the physiological disturbances seen in the body under the action of con-

tagion and infection poisons. This, then, being the cause of disease, it follows without saying that a curative or prophylactic remedy would be like unto it, that is, if we could select a medicine whose positive sub-molecules were the exact equal in valence of the disease negative sub-molecule and give it in the proper attenuation to our patients, it would equalize or nullify the action of the disease sub-molecule perfectly without any disturbance whatever to the patient. It would prove curative in the same manner; that is by uniting with and equalizing the disease sub-molecule or its offspring—other molecules that may have become affected by it.

Before leaving the subject of diseases, contagions, prophylactics and medicines, we will take up one disease for which no prophylactic medicine will ever be found, and this is tuberculosis. Consumption is neither contagious nor infectious in the ordinary sense of the word. It is, properly speaking, a disease of inanition or starvation, and must be combatted with a food instead of a medicine. This food we have in pure olive oil, which promotes a normal action of the liver, liquifying the cholesterine and supplying the fatty acids necessary for perfect assimilation and nutrition of the body so that consumption is no longer possible since the waste is supplied, and so long as the oil is continued in sufficient quantities the body is fortified and proof against the disease. Improper or insufficient food, foul air and lack of wholesome exercise in the open air and sunshine tend to nullify normal assimilation—and the fatty food elements that should be used in the system to build up normal tissue are retrograded into waste products and the body is robbed of some of its normal vivifying adipose elements until resistance is below the self-protective point and the omnifarious microbes which are prevalent everywhere in the atmosphere infest the lung tissue and multiply in the capacity of scavengers, not unlike maggots in a carcass.

Consumption is at this stage thoroughly established in the system and the power to assimilate food fats is beginning to be lost in a large measure and the patient goes slowly but surely down in the scale of nutrition until he is literally consumed by the disease.

In conjunction with pure olive oil the most certain prophylactic and positive cure for tuberculosis is abundant exercise in cold dry air. In cold dry air the nutrient and anabolic element, nitrogen, is practically pure and decidedly vivifying, while the waste removing element, oxygen, is also pure and much more active in its office as garbage gatherer, than it is when moist, warm and vitiated with a small percentage of carbonic acid gas as we find it in warm low latitudes. Contrary to general belief, nitrogen instead of oxygen is the most essential element in

either food or air. Nitrogen is the basic element of all life and force, while oxygen is the active combining element of physical life. Nitrogen is stable, rebuilding and full of force and energy, while oxygen is fickle, combining with other elements readily and constantly changing from one thing to another. The nitrogen of the air enters freely into the circulation and solid tissues of the body, stimulates allotropic tissue and food changes, gives new life and force to the body and promotes a more perfect assimilation of fats, which will of itself stay the ravages of consumption, and conduces to a more active and efficient retrograde metamorphosis and elimination of waste products. Oxygen is simply an assistant—I am talking of the free gases as they exist in the air—of nitrogen, being carried along by it for no other purpose than a mere servant to clean up and carry off the rubbish made by the system in its multifarious operations. Oxygen only goes into the hall, as it were, while nitrogen passes on to the most distant recess of the body. Oxygen enters free into the lungs, combines with one and one-half times its own weight of carbon and immediately comes out again, while nitrogen goes on through the system a master in his own tenement. Oxygen in its free state is nothing if not a garbage gatherer. It is the ash man of the system, continually removing the ashes—carbonic acid gas—that accumulates from the retrograde metamorphosis and dissolution of tissue, food and mineral substances in our bodies, and in its labors goes no further than the lungs, for they really are the ash pit where all the waste of the body is brought by the veins, and its office of removing the carbonic waste from the venous blood once accomplished, its work is done in the animal system and its next labor is to deliver its load of carbon to some plant when it again becomes free and at liberty to accompany its master, nitrogen, into the lungs for another load of carbon.

Now the more pure cold air that we respire the more life we will have, because of the increased amount of nitrogen taken into the system, and the more pure air respired the better life we will have because of the abundance of oxygen taken into our lungs, which removes the impurities and waste from our blood and leaves us the more nearly in perfect health just in proportion as the waste is carried off. Viewed from this standpoint, a prophylactic and cure for tuberculosis is easily within the bounds of probability, since the treatment is not only rational but physiological as well, and with these comments upon the "great white plague," we will return to the preceding subject.

Close investigation along physiological lines of all the plant medicines in our medical armamentarium will, I am persuaded, develop medicines that will cure every curable pathological manifestation in any organ or tissue of the human body. We are already doing miracles along this line with single specific

medicines as we please to call them. When a patient comes to us covered with warts we give him small doses of thuja or magnes. sulph., knowing that if he is faithful in taking the medicine that the warts will disappear in a reasonable time. When a patient comes with a non-malignant papiloma stridding the eye-lid, singly or in numbers, we give him staphysagria in minute doses, knowing that the papiloma will certainly disappear if a few weeks time be given it, without the use of either knife or cautery, to the patient's astonishment, and our satisfaction. When a woman comes to us with a tumor in the breast which has not positively developed into a cancer, we prescribe phytolacca, or fluoride of calcium in the minute dose, as the tumor is either doughy or stony hard, and have the satisfaction of seeing it gradually disappear, to the astonishment of the surgeon who said that it "could not be removed save by the surgeon's knife." When we have a serious case of peritonitis and inflammatory exudates are being thrown out until the bowels are in danger of uniting into a solid mass, we give minute doses of chloride of potash and save our patient with the same certainty that we would move the bowels with a cathartic medicine. When a mother brings her child to us with enlarged tonsils, we do not immediately take our tonsilotome and cut them out, but we prescribe small doses of the phosphate or brown iodide of lime and watch them reduce to normal under nature's own efforts. When we are called to a case of quinsy, where there is threatened suppuration, we do not lance them at once, but give small doses of the natural soda salicylate and stop all pathological disturbance in a few hours time, providing we have begun the administration of the remedy in time. When a fond father brings his heir apparent to us with a cold that lasts from January to July, we do not load him up with sprays and atomizers, but give him a bottle of the third decimal tablets of kali sulph. with the proper directions, and the next time we see Johnny his nose is as clean as anybody could wish. When we are called to a patient as yellow as saffron, we administer chionanthus in fractional doses with the certainty that the trouble will be over in a few days. If the jaundice is from gall stones we give liberal doses of pure olive oil and wrest the case out of the hands of the surgeon in a very short while, with almost as much certainty and much more satisfaction to the patient. When a patient comes to us with the limbs covered with hard knotted and twisted veins, the result of portal stasis, we administer carduus marianna in fractional doses and see him improve until not a vein is in sight.

These are but a few of the certainties in medicine, and without an exception they are prophylactics in the highest sense, for given before the diseases for which they are men-

tioned have seated themselves in the system and they will prevent them entirely.

The prophylactic and curative possibilities of a given medicine are always superior to the pathological possibilities of the disease contagium in the human system, as we have abundant evidence, for who has not seen a patient in the last stages of some lethal distemper, rally and come back to life under the kindly action of some potent, God-given plant medicine? The Creator in His omniscient wisdom has placed the herbs and plants about us in the ascendancy over any disease contagium, that we may stay the fell destroyer, and it is a fact beyond cavil, that the aborigines, the heathen races lowest in the scale of progressive intelligence, are the only people who have ever discovered the curative properties of any plant medicine, the only people who have ever manifested any intelligence in applying curative medicines to disease conditions. The only claim that the intelligent physician of today has in the priority of the discovery of any curative medicine is, that he discovered it in use by some Indian, Hottentot, or lay member of society. These remarks apply only to the physiological plant remedies, for the civilized physician, or rather chemist, has brought out a multitude of alkaloids and coal tar remedies, that are always inferior to the God-given whole plant medicines, when you know how, where and when to use them, that the aborigines have left us. If I had the money of a Carnegie or a Rockefeller I would enlist a few dozen intelligent physicians of the Eclectic and Homeopathic schools to travel among the aborigines and backwoods people for no other reason than to discover what they used for medicine in the treatment of diseases. There are many things yet to be learned from them.

The efficiency of every plant in the earth no matter what its nature, is little dreamed of by most of us, and our mission should be to test them, to disassociate their food and medicinal molecules and test them as curative agents in disease as the aborigines must have done, else how did they learn their virtues?

The conviction that among our plants is a remedy that is prophylactic and curative to every disease of the human body was driven home with terrible force a few years ago, when two of us, well posted, up-to-date physicians stood aside with our modern instruments and medicines in a hopeless case of tetanus, and saw an ignorant Mexican woman administer a single plant remedy which relaxed the set jaws and muscular spasms and restored the patient to his weeping family. When the medical profession turn their attention toward the discovery of single, potent, yet harmless plant medicines as prophylactics in disease conditions then will there be progress in medicine.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.
Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

JUST AHEAD!

As we endeavor to peer into the future we are reminded of a certain Paul who said: "Now we see as through a glass darkly, but then we shall see face to face."

A striking and probably original manner of expressing a very old truth. But however obscure the future may be, it is a fact that coming events cast their shadows before; and the real difficulty lies in giving a proper interpretation thereof. For be it known that the shadow of a horse does not look very much like a real horse nor does the shadow of a tree look very much like a real tree. Nevertheless we personally have quite definite ideas as to whither the present trend in medical matters will lead us; and these views we have set forth before as occasion offered. Therefore it is with some measure of satisfaction that we note that there are those even among our "regular friends" who hold like views on some matters of importance to medical men. The reader will find much of interest in the thoughts expressed in the two editorials appended. It is also of importance to note the prominence of these two dissenters from the "regular" program.

MEDICAL TYRANNY.

The friends of medical freedom will do well to carefully scrutinize a bill which, it is said, will be presented to the legislature now in session at Sacramento. This bill seeks to establish a department of health for the public schools of California and undoubtedly is an offspring of the effort of the American Medical Association at Washington to establish a national bureau of health, a movement which is being strenuously combatted by the National League for Medical Freedom. That these efforts are not in keeping with American institutions is self evident. In a land that guarantees to its citizens political and religious liberty, there must also be medical liberty, the right of the individual to choose his own method of treatment.

If any one school of medicine had proven itself infallible and its system an exact science, there might be a reason for seeking control in health matters. Leading medical men frankly admit that medicine is not a science but almost wholly experimental. In view of this it would greatly hamper progress in the art of healing to discriminate against any of the newer schools which have made such rapid advance in the last few years and this in the face of opposition on the part of the so-called regular school. In this connection may be recalled the great struggle and persecution which homeopathy passed through, until today it is largely forgiven and adopted.

Homeopathy, osteopathy, eclecticism, naturopathy, the mental schools and others are united in opposing this medical legislation and they have the support of thousands of intelligent, tolerant citizens who believe that state medicine would be fully as obnoxious as state religion. The present effort to repeal the compulsory vaccination act recalls the fact that in having such a law on our statute books we are a half century behind the times. Conservative England, after 45 years of experience with a similar law, repealed it. This is as it should be and in line with medical freedom. The individual should have the right to decide whether he desires or not to have his children vaccinated.

As the matter now stands a parent who does not wish his children vaccinated cannot send them to the public school, notwithstanding the fact that he is paying taxes for its support. This is manifestly unjust, un-American and despotic.

If all medical authorities were agreed that vaccination is desirable and if it had been or could be proved that this treatment prevented smallpox, there might be some reason for requiring all to be vaccinated. But just the contrary is true. Eminent medical men are absolutely opposed to vaccination and careful investigation shows that the decrease in smallpox

is not due to vaccination but to proper sanitation and segregation.

This assertion has its proof in the experience of the English city of Leicester, with a resident population of 250,000. This city at one time was the most completely vaccinated town in the British kingdom. At one time 95 per cent of the births were satisfactorily vaccinated. During this period Leicester was attacked with a severe epidemic of smallpox, resulting in 1871 of a death rate of nearly 900 deaths. The result of this great mortality caused the citizens of Leicester to refuse vaccination until in 1895 the records show only 3 per cent vaccinated. From the time of Leicester's rejection of vaccination no other town in the British kingdom has had so low a mortality from smallpox.

The foregoing significant facts are quoted from an interesting article on the subject of vaccination by J. W. Hodge, M. D., in the January Twentieth Century Magazine. In corroboration of Dr. Hodge's statement, Dr. Hensal, a German army surgeon, says: "I was on duty in Strassburg and over 2000 cases of smallpox were in the pest house. Everyone had been vaccinated but three months before for the third time."

Dr. A. Vogt, Verne University, says: "After collecting the particulars of 400,000 cases of smallpox, I am compelled to admit that my belief in vaccination is absolutely destroyed." By what right does the state foree vaccination with its frequent disastrous results on the child, when the parents do not wish it?

It has been aptly said that if there is anything in vaccination then those who are vaccinated have nothing to fear from the unvaccinated.

The state has no more right to dictate the kind of medical treatment the individual shall have than it has to dictate the religious belief he shall embrace. Indeed there are those who believe in the power of prayer to heal disease. Shall they be denied the privilege of relying upon God to cure their ills and be forced to take a method of treatment they do not believe in? Shall the aid of the law be granted to a small minority of our citizens to force their opinions and beliefs upon the large majority of intelligent men and women who do not agree with them? No! Free America has rejected state religion and she will also reject state medicine.

The Express is not recommending any particular school of healing, but in line with its policy of fair play it unequivocally stands for individual freedom in politics, religion and medicine.—Editorial from Los Angeles Express.

ARBITRARY STANDARDS IN MEDICAL EDUCATION.

For a number of years now legislation and the other agencies which control the requirements for the license to practise medicine have been urging us on toward a condition of things which is generally contemplated with pride, but which may have its disadvantages. It has been growing harder and harder to gain admission into the medical profession with a promising status. One result of this increased difficulty is that the number of students of medicine has been decidedly reduced, with an incipient reduction of the general body of physicians. This in itself is by no means to be regretted, but it is to be feared that our constantly increasing requirements, particularly the requirements for admission to the medical school, are actually barring out young men who, even without the amount of collegiate or academie training required, might add lustre to the medicine of the present day. We should not plume ourselves on piling up difficulties in the way of such men. We fear that the law of supply and demand is in great danger of being lost sight of. We are not advocating a return to the slipshod methods, or lack of method, of the distant past, but we believe that there is danger of overdoing a good work, of putting the bars up too high, and we feel that no unnecessary restriction should be put upon entrance into the medical profession.—Ed. New York Med. Jour.

THE VALUE OF DRUGS.

Healing cults rise one after another, some to attain vogue for a little space and to die, some to make a more enduring impression. That they arise and that some of them endure is testimony that they meet some need of modern life. Healing cults, proprietary remedies, patent medicines. In spite of increasing intelligence throughout the land and in spite of well organized opposition from the medical profession, osteopathy, naturopathy and Christian science do not recede in influence and the jingling streams of gold flow in ever increasing volume to the coffers of Viavi and Cardui. That these things are true is certain evidence that medicine is not fulfilling all its true functions; that the medical man is not "delivering the goods." In our enthusiasm for the Science of medicine we are apt to forget that the end and aim of our profession is to relieve suffering and to master the art of healing.

John Smith, in distress and therefore unable to feed his children, wants quick relief from pain and rapid return to earning capacity, so he summons a doctor; but from his doctor he wants more than this, he wants insight, an instant appraise-

ment of the particular moral and psychic problems that John Smith's illness brings to him. He demands a medical hand-craftsman, one skilled in the art of relief, that art to which scientists working in the laboratory or in the clinic have brought so many new facts that it is today twofold more powerful than it was a decade ago.

There is no more curious fact to be noted in medicine than that during the very period of cult expansion and expansion of proprietary and patent remedies, the therapeutic nihilist has arisen and waxed mightily in the profession. He has gained so much influence that a large proportion of our younger men consider it quite the thing to disavow a belief in the efficacy of drugs. They are ill-taught in clinical therapeutics, for this branch has little place in the curricula of our schools, and the result is that after a few months' practice they resort to the wide-spreading blunderbusses the detail man leaves on the office table; that is one result; and the weaning away of patients who flock to support this or that, of the so-called health movements, is another.

Therapeutic nihilism, indeed. Let one who disbelieves in the efficacy of drugs watch beside the bed of a loved one racked and torn with pain and there learn the blessing that a wisely administered injection of morphine may become, or let him see the waterlogged, shapeless body of a father or brother grow shapely and fair again under the magic of digitalis or diuretin, or see a dull, mindless cretin, born to some of his own, by virtue of thyroid extract, become an active, normal child. Let him see these things and a hundred more that drugs can do; let him learn what drugs have done; let him master his pharmacopeia and his clinical therapeutics, and soon health cults and vendors' eures will die out and cease.—L. P. in Calif. State Jour. of Med.

BRER FOX AND BRER RABBIT.

Every careful observer of medical tactics during the last twenty years must be reminded of Uncle Remus' famous production of the fox and rabbit with which we are all familiar. No introduction of the characters is necessary. Brer Fox has always been exceedingly jealous of Brer Rabbit and has tried in every possible way to dispose of him. Years ago no attempt was made to conceal the fact. Brer Fox refused to meet Brer Rabbit in professional consultations and denied the right of fellowship to those who did; but Brer Rabbit got along remarkably well without him and seemed to thrive upon persecutions. Later on Brer Fox "he got he eye open" and proceeded to change his tactics. Brer Rabbit has no longer any fear of open com-

bat with Brer Fox, but the old spirit of jealousy and distrust between them is not dead. Diplomacy has taken the place of personal abuse and is much harder to meet.

The American people are so distinctly a law abiding people, that whenever one wishes to do a really nice job of professional butchery he goes to the legislature and gets some law enacted that will do the trick while he parades before the people as a great benefactor. It was in this disguise that Brer Fox conceived the idea of gaining complete control over medical affairs in this country by compelling every physician to be passed upon and granted a license to practice, by a board of Brer Fox's own choosing.

The scheme would have worked beautifully had nobody but foxes been allowed upon the board. But a generous and fair-minded public said: "Rabbits have just as good rights in this briar patch as foxes and, if license boards exist rabbits shall be represented upon them."

Brer Fox has been kicking himself ever since this registration law went into effect and trying to work some reciprocity dodge between the different states to help him get his tail out of the trap. But this is a secret, which he would not acknowledge even to his own family. Registration did not legislate Brer Rabbit out of existence for Brer Rabbit could pass just as stiff an examination as Brer Fox could.

Next came the scheme of Brer Fox to destroy Brer Rabbit by benevolent assimilation. "What's the use, Brer Rabbit," says Brer Fox, "of you parading as a Cotton-tail? You look like a fox; you act like a fox; and you smell like a fox; if you would just trim down your ears a bit so people won't call you a rabbit, you can go on foraging expeditions along with us and have a great time. How the quacks would disappear if we could get after them together! How the various rubbers and mental healers would rave if we could make them all strip off for a medical examination! Pathology and diagnosis are all there is to the practice of medicine. We don't care what drugs you use, or how you use them, so long as you keep still about it. Just say you don't follow any 'exclusive dogma' and we'll take you all in. The gates of Janus, wide open for a hundred years, shall be closed in peace forever. Let bygones be bygones! Join the great American Association of Foxes and forget that old bell-wether, Samuel Hahnemann, ever existed."

But Brer Rabbit he lay low and just sniffs at the bait without touching it. His past experiences with Brer Fox make him hesitate and he raises the question why this change from gall to sweetness? Has Brer Fox undergone a change of heart or is it a change of diet he is after? If Brer Fox really wishes to know the secret of Brer Rabbit's success in practice why doesn't he

join the society of cotton-tails and find out? When Brer Fox invites Brer Rabbit to dine he ought to specify who is expected to furnish the dessert; and while Brer Rabbit hesitates to come in Brer Fox evolves another proposition: "Did you know, Brer Rabbit," says Brer Fox, "that this government cares more about its dumb cattle than it does about its intelligent citizens? That it spends more money every year for the preservation of its forests than it does for the protection of its people? One-half of the deaths that occur in this country might be prevented by law, if we had the power to do it! What we need, Brer Rabbit, is a great Department of Public Health with a wise old fox at the head of it who should have absolute authority to do anything he pleased in sanitary affairs. And it is coming, too, Brer Rabbit; I've got a committee of one hundred picked men already appointed to look after this very thing, and lobby it through Congress, and any candidate who won't square himself with this committee will find himself short when the votes are counted. Won't you take hold, Brer Rabbit, and help pass the Owen Bill for the sake of the dear people we love so much?"

And Brer Rabbit he wink he eye and says: "Where do I come in?" And Brer Fox says: "Don't ask such fool questions! There'll be a lemon for every cotton-tail who deserves it." But Brer Rabbit says: "I'm mighty fond of lemons, Brer Fox, but one kind of hankers for a mixed diet after awhile. Brer Hawk-eye, of the National League for Medical Freedom, says this Owen Bill is just a coy-pigeon to fool the people while Brer Fox bags the game, and I guess he is about right. This country has stood it all right for the last hundred years without a Department of Health and I reckon it will go a little longer. Did you ever hear of Ananias, Brer Fox? Well, there's something about you that reminds me of him." But Brer Fox just growled and said he rather belong to the Ananias Club than be a fool cotton-tail. Foxes were good enough for him but foxes sometimes got into a corner and needed a little help; and so Brer Fox was mighty glad when Brer Weasel, of the Carnegie Foundation, came along and offered to ferret out the whole business. Brer Weasel had a sharp nose and a rubber neck and he could squeeze through the smallest hole of any bloodsucker in existence. After peeking into every Fox hole and Rabbit's nest in the whole of Unele Sam's briar patch, Brer Weasel comes out and says: "This country has more foxes and rabbits now than it has any use for. Brer Fox has got more skeletons and culture tubes twice over than Brer Rabbit has, and you can't be wise and foxy without these things to study. "My advice is," says Brer Weasel, "to wipe out the whole settlement of foxes and rabbits, save a few old fox holes that have a subway to some fat chicken roost. If you want

to know what a fox or rabbit is going to be good for, you must count the bones he had to gnaw on while he was cutting his teeth. Brer Rabbit spends too much time hunting wild flowers. Drugs are of no use as medicines. All a doctor is good for is to find out the disease and an autopsy is the only sure way to do it. Brer Fox is great on autopsies and we need a few fellows like him to sign our death certificates. Enough is as good as a feast. All the rest had better go." And Brer Fox sheds a few tears and says: "Sorry for you, Brer Rabbit, but we must both try to be resigned. Brer Weasel is a great ferret and knows just what is best for the whole community. You have had your day, Brer Rabbit, better take a whiff of chloroform and pass out."

And thus the play goes merrily on. Brer Fox still arrogates to himself the sum total of medical knowledge and Brer Rabbit claims a legal right to exist. Brer Fox couldn't get rid of Brer Rabbit by brute force. He tried the medical registration dodge, but Brer Rabbit remained unharmed; then came the spider and fly performance of inviting Brer Rabbit to dinner, but Brer Rabbit preferred to dine alone. Next came the Committee of One Hundred, representing the American Health League, seeking to gratify its lust for power by federal support. Lastly came Brer Weasel of the Carnegie Foundation acting as a "disinterested third party" in this confidence game that is being played, but the end is not yet. Brer Rabbit declines to accept the findings of Brer Weasel as final and stubbornly contends that the supreme test of a physician's fitness to practice medicine must be determined at the bedside and that the best endowment a medical college can possibly have is the custody of a great and beneficent law for the cure of disease and the self-sacrificing labors of a few consecrated souls who have grasped the significance of the law and live to impart it to others.

For further developments in this episode of Brer Fox and Brer Rabbit see current medical literature and the official communications of the American Health League, with explanatory notes and comments thereon by Brer Hawkeye of the National League for Medical Freedom. At present—"Dat's all de fur de tale goes."—Ex.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

THE NATIONAL MEETING.

Time flies rapidly and next June will soon be here. It is a subject that calls for glad anticipation as well as for serious thought. Eclectics everywhere should hail with joy the time for the annual return of our National Convention. It gives us the opportunity to meet our friends again who come from distant parts and to cultivate friendship and good fellowship. Of course all of us are going to be at the meeting this year and have the time of our lives. If each and all of us contributes something to the interest of the meeting, if it is only by our presence, nothing can prevent us from having a good time. If any one is in doubt about going, let him think the matter over now and settle the question at once by deciding in the affirmative. Louisville, Kentucky, is the place of meeting, which is centrally located and should draw a big crowd. After having returned home from the meeting, you will doubtless feel well repaid for making the trip; and, having once made a start and commenced going, you will be apt to get the habit and keep on going every year, which is a consummation devoutly to be wished.

This is also a good time to think about how you stand with the National financially, whether your dues are paid up or you are in arrears. Under the new rule of reorganization all members of the several State Societies must also become members of the National Association. If you are in doubt as to your status, you should get busy at once and write to the Secretary of your State Society for information and rectify any delinquency that may exist. The combined dues of both the State and National Societies for the year are not much, being only \$4.00, yet in the aggregate the amount is of incalculable value to Eclecticism to help pay for publicity and to meet current expenses. The help of every man is needed on this proposition and it is not a time for standing aloof. If you are already a member, well and good, for you have done your duty nobly. If you are in arrears for the non-payment of dues, you should lose no time in getting yourself square with the Secretary. If you are not a member, now is a good time to send in your name and application for mem-

bership. Let us all stand united and pull together for the good of Eclecticism. A hint to the wise is sufficient; and now is the time to act.

J. A. MUNK.

NEWS ITEMS

Dr. J. B. Sands, Venice, has returned from New York, at which place he took post-graduate work.

Dr. E. P. Bailey, Long Beach, has returned from a three months' post-graduate course in the Clinics of Chicago.

Dr. A. E. Scott, San Francisco, spent a week in the city recently, having been called here owing to the illness of his daughter.

Dr. H. L. Wells, formerly of Eureka, Humboldt County, Cal., has come to Los Angeles to reside.

Dr. L. B. Weatherbee is doing a splendid business at Forest-hill, Cal. He has been located there less than one year but "struck it rich."

Drs. Webster and Munk took a trip to Laurel Canyon by trolley car six miles west of town, one afternoon recently, to see if they could find any native medical plants. They found two such plants growing on a hillside, the *Rhamnus California* and a variety of fragrant sumach.

From the daily press we understand that Senator Hurd is preparing a bill for introduction before the present legislature which "will legislate out of office the existing State Board of Examiners and provide for a new one in its place."

Dr. G. W. Harvey, Millville, has moved to Big Pine, owing to the health of his daughter. He writes that there is a fine location in Millville for an Eclectic.

Dr. Van Male, Challenge, has been elected County Physician of Yuba county. He leaves a good location, the nearest doctor being eighteen miles distant. The Doctor would introduce an Eclectic. Nothing to sell.

Dr. E. R. Harvey, Long Beach, has been very ill with an infected hand. Starting with an insignificant abrasion, an infection took place which caused the doctor much suffering. He has quite recovered at this writing.

COLLEGE NEWS.

J. F. BARBRICK, M.D.

The best Christmas present we know of any one connected with the C. E. M. C. receiving thus far was the message received by Doctor Newton, C. E. M. C., '10, the day before Christmas notifying him that he had successfully passed the State Board

exam. Good luck to you, "Newt." We hope you will have so much success the coming year that you can afford to put a gold frame around it.

And now boys, to the grind. Think no more of the joys that have gone but of the pleasures that are to come. Think of the "exhilarations" of Special Therapeutics at 7:30; the "Bewilderments" of Anatomy at 8:00; the "Grandeurs" of Physiology and Histology at 9:00 and 10:00; the "Miracles" of Practice at 11:00; the "Wonders" of Chemistry at 12:00; the "Satisfactions" of lunch at 1:00; the "Mysteries" of Bacteriology at 2:00; the "Uplifting influences" of dissection and "tonic and stimulating effects" of *Materia Medica* at 4:00; the "beauties" of Physical Diagnosis and "aesthetic aspects" of Gynecology at 5:00; with the "Technique" of Surgery, the "noise" of Electrotherapeutics, the "rapidity" of minor surgery and bandaging, the "comforts" of Dietetics; the "mixtures" of Pharmacy; the "degenerations" of Pathology; the "awe" of Obstetrics; the "sadness and responsibilities" of the Clinics, and a few other good things thrown in for good measure, and for pity's sake who would look back or what more would you want. Brace up, boys, it'll all be over by June, and in the meantime take it from me, you'll get all that's coming to you.

The event of the holidays was the Faculty Ball, which came off Thursday December 22, and was a most entertaining and pleasant occasion. The attendance was large, although the late change of date prevented some of the out-of-town members from being present.

The College Assembly Hall was charmingly decorated by the committee under supervision of Mrs. Ring and Mrs. Young, dainty effects being arranged by the intertwining of paper boughs, poinsettias, geraniums, streamers of college colors and pennants, etc., the stage being most artistically banked with crimson geraniums. The programme was splendidly arranged by Mrs. De Moneo, and consisted of an entertainment first part, and dancing, second part. The entertainment was certainly a winner, the operatic vocal selections rendered by Prof. De Monco and the comedy sketch given by our grand old Dean, Prof. Munk, opening the eyes of the boys to the fact that their faculty can do things as well as teach. The George Bernard Shaw aphorism, "Those who can, do; those who can't, teach," does not apply to the faculty of the C. E. M. C. After the entertainment, it was "on with the dance," and the light fantastic was tripped by old and young until the midnight hour. Nor were refreshments forgotten. The excellent fruit punch, substantial sandwiches, with the lighter "sweeties" as trimmings, provided by Mrs. Welbourn and Mrs. Barbrick and served by their maids daintily ar-

rayed in white, were enjoyed by all who sampled them and we surely all sampled them, for the janitor says, after the Faculty Ball, "the crumbs from the Master's table" were few. It certainly was a social success and a very enjoyable affair.

One of the most pleasant occasions of the school year thus far was given in the College Auditorium by the Westlake Hospital Training School, on New Year's Eve. The nurses and their friends and the faculty and students of the C. E. M. C. gathered together on that evening with the determination to close the old year in a jolly good fashion and get a good start for the new year.

The artistic decorations were deserving of special mention. As a nurse's success depends a good deal on her ability to please and make comfortable her patients, the girls certainly showed their ability along this line by the mild, soothing, pleasing and tasty decorations which they used to charm their guests.

Around the stage were banked fir boughs and ferns of a mild green hue, while around the walls and ceiling were streamers of red and white crepe paper, draped in graceful and fantastic loops over their school pennants. Over the electric globes had been placed red crepe paper which cast a soothing light over the whole scheme, which gave the suggestion of a bower in fairyland.

A goodly number were in attendance and the evening was enjoyably spent by every individual until the noise from without announced the arrival of the New Year.

The nurses showed their proficiency in meeting the patients' dietary requirements by serving cake, candies and punch of their own making.

Professor (in Chemistry): "Treat methyl chlorid with silver hydroxide and we get methyl alcohol."

Scholar: "Professor, what becomes of the silver?"

Prof.: "I don't care about the silver; what I want now is the alcohol."

Prof. (in Chemistry, explaining the appearance of different animal fats): "Then we have tallow, lard, etc."

Student: "Then the human has tallow, hasn't he?"

Prof.: "We would hardly call it lard, would we?"

Student: "Some people are hoggish enough to have lard in them."

Following are some of the New Year's resolutions made for 1911: Resolved by Roath, '11, "to make 'Bill' an Eclectic Doctor;" Reinschmidt, '11, "to make the State Board or bust;" Ervin, '12, "to keep v-e-r-y busy;" Cox, '13, "to keep well."

Knowing how very nice the nurses are, we wonder how long he'll keep it. Stammers, '13, "to take caetus until his heart is strong enough for exams if it takes the whole year;" Kurpiers, '13, "to study nervous anatomy;" Goff, '13, "to make 100 in all my exams;" De Angeles, '13, "to be a Professor some day;" Sprehn, '13, "to write a college poem;" Evans, '13, "to conquer the Marsh Gas series and Benzene Ring or die in the attempt;" Hill, '14, "to not miss a lecture;" Crawford, '14, "to beat Sprehn on bones;" by the Dean, "not to let Brer Rabbit get his foots wet, fer when he do, the whole family eotches cold;" by Professor Webster, "to give us three months next year," and by the Faaulty, Student Body and Alumni, "to make this the best year in the history of the C. E. M. C., to work, boost and shout until such an enthusiasm and college spirit has been erated as will make ours the leading medical educational institution on the Pacific Coast;" which could be easily accomplished if every Eelectic and liberal-minded practitioner west of the Roekies would sit up and take notice of the great work we are doing.

The hall was decorated with college pennants, the college colors, blue and gold, and pepper boughs. The reception room was decorated with holly. During the evening refreshments were served by the entertainment committee and consisted of such articles as Drs. Kurpiers' and Reinsmidt's Anti-thirst serum, Dr. Munk's Bovine Emulsion and Dr. Barbriek's Elastic Anti-Boulimia Lozenges. The number present greatly exceeded the expeetations, and everybody went away with a happy smile which gave the specific indications to the students that they will have to repeat the dose at a later date.

The only "calamity" we have so far heard of as a result of the entertainment was "What happened to Reinsmidt?" It is rumored that six—more or less—of the "Munk Capsules" he took during the diagnosis hour got the best of him and he "missed the show"—except what he was having privately—which was a calamity, indeed, as can be testified to by all those who were present.

BOOK REVIEWS.

MEDICAL DIAGNOSIS, by Charles Lyman Greene, M.D., of St. Paul, Professor of the Theory and Practiee of Medicine in the University of Minnesota; ex-President of the National Association of Life Insurance Examining Surgeons, etc. Third edition. Revised. Seven colored plates and 248 other illustrations. Price \$3.50. P. Blakiston's Sons & Co., Philadelphia.

This book is a member of the "Leather Bound Series of Manuals," and this describes the excellent work of the printer and binder. 12 mo. full limp leather binding, gilt edges and round corners.

This work is of the most practical character, the language being clear and concise, there being nothing superfluous, and is in every way a worthy member of the well-known series of manuals, with which every one is more or less acquainted. It is packed with information from cover to cover and will be found admirable for students and practitioners. It has been adopted as the text book in medical diagnosis in the California Eclectic Medical College.

PRACTICAL BACTERIOLOGY, BLOOD WORK AND ANIMAL PARASITOLOGY, including Bacteriological keys, Zoological Tables and Explanatory Clinical Notes, by E. R. Stitt, A. B. Ph. G., M. D., Surgeon U. S. Navy; Graduate London School of Tropical Medicine; Associate Professor of Medical Zoology, Philippine Medical School, etc., etc. Second edition. Revised and enlarged with 91 illustrations. 12mo. cloth. Round corners. Price, \$1.50. 1910. P. Blakiston's Sons & Co., Philadelphia.

The fact that a second edition has been required in little more than a year would indicate the reception accorded to this book. The previous works on laboratory technique have been only too few and inadequate. This deals with the practical part giving only sufficient theory to elucidate the subject.

The section on "Clinical Bacteriology and Animal Parasitology of the Various Body Fluids and Organs" has been revised to meet the most recent advances in clinical diagnosis. A method is given for the making of differential counts in the same preparation as that for making the leucocyte count which has many advantages. There are some interesting illustrations of poisonous snakes. There are many other good things in this small handy volume.

MATERIA MEDICA AND THERAPEUTICS, by John William Fyfe, M. D., author of Specific Diagnosis and Specific Medication; formerly Professor of Specific Therapeutics in the Eclectic Medical College of the city of New York, with a formula by G. W. Boskowitz, M. D., Professor of Therapeutics in the Eclectic Medical College of the city of New York. Bound in flexible leather with rounded corners. Price \$2.00 net. 1911. Scudder Bros., Cincinnati.

This is the second edition of Dr. Fyfe's *Materia Medica*, which is now published in pocket style. The writer has dealt

almost exclusively in essentials, omitting much that might be regarded as theoretical. As a contribution to our works on *Materia Medica* and *Therapeutics* it is a valuable asset and we recommend it to the profession, especially to the Eclectics.

PRIMER OF HYGIENE, by John W. Ritchie, Professor of Biology, College of William and Mary, Virginia, and Joseph S. Caldwell, Professor of Biology, George Peabody College of Teachers, Tennessee. Illustrated by Karl Hassman and Herman Heyer. Price, prepaid, \$.48. 1910. World Book Co., Yonkers-on-Hudson, New York.

To teach Hygiene in the most thorough way it is best to start with the child and instruct him early in the principles of this science. This book opens a world of new ideas to the fourth and fifth grade pupil, showing him what he himself can do to keep his body in health and convincing him of the importance of care in these matters.

The authors have a style of unusual force, clarity and interest, and have produced a really new book—new in content, purpose and method.

PRINCIPLES OF PUBLIC HEALTH, a simple text book on hygiene presenting the principles fundamental to the conservation of individual and community health, by Thomas D. Tuttle, B. S., M. D., Secretary and executive officer of the State Board of Health of Montana. Price, prepaid, \$.60. 1910. World Book Co., Yonkers-on-Hudson, New York.

The author has here set forth the general rules of life by the observance of which every adult and every child not only can do much to preserve his own health, but can prove himself a prominent factor in raising the standard of public health. The author has not attempted to deal with all the diseases that may be classed as preventable; as the work is intended for use in the public schools. To teach the children a proper respect for their own health and for the community welfare is to fit them for the best citizenship.

EXTRACTS FROM LECTURES ON THERAPEUTICS, by Geo. W. Boskowitz, A. M., M. D., delivered at the Eclectic Medical College of the City of New York, Session 1909-10. Compiled by Victor von Unruh. Printed by courtesy of F. A. Greene, M. D. Price, one dollar.

This is a small handy compend, just published, of ninety-two pages, bound in flexible leather with rounded corners. This book will prove handy to the busy man, helping him to select quickly the indicated remedy. To the man of leisure it gives an opportunity to apply to his eases what the study of the little volume will have taught him. For the student it is a ready reference. Dr. Boskowitz has used Ellingwood's *Materia Medica* as a text book for his classes.

The California Eclectic Medical Journal

Vol. IV

MARCH, 1911.

No. 3

Original Contributions

PRACTICAL HYDROTHERAPY.

By Dr. M. E. Eastman, Santa Barbara, California.

Read Before the State of California Eclectic Medical
Association.

While the application of water to the outside and inside of the human body has been in use to promote a state of health from the time of creation of the human race till the present day, yet it is not until within the last few centuries that its use has been along truly scientific lines.

Owing to water being so easily obtained and being only "water" is why its effectiveness from a therapeutic standpoint is not better understood and more often used by the medical profession. There are many ways of using water within and without the realm of the physician and the purpose of the writer of this paper is to bring before your mind's eye a few of the simple and effective methods of using this common remedy in the ailments of humanity as the physician goes about his daily round of duties.

COLD MITTEN FRICTION—Opportunity for employing this form of water treatment will probably be more frequent than any other and is a term to define the process of applying cold water to the entire surface of the body with a mitten on each hand dipped in cold water.

In giving this treatment one should provide themselves with two mittens without thumb pieces, made from coarse Turkish toweling; two large dry Turkish towels; and a basin of cold or ice water. The patient may remain in bed or recline upon a couch or cot.

The method of administering the treatment is for the attendant to bare one arm; protect the bed coverings with the dry towels; put on the mittens and after dipping the palms in cold water which should be conveniently placed near the bedside, begin at the shoulder and with upward and downward strokes quickly and vigorously rub the surface of the arm until it has a pinkish glow; remove the mittens and thoroughly

dry the arm with the Turkish towels. Cover this part and pass to the opposite arm and treat similarly; then to the thorax, lower extremities and lastly the back. Remember to keep the patient's body covered except the portion being treated.

The length of time required in giving a friction is ordinarily about five or six minutes, and any person of intelligence can be instructed in a few lessons how to give it correctly.

Therapeutically it lowers the bodily temperature; increases the consumption of oxygen; the circulating blood is hurried on its travel; the peripheral nerves are stimulated and through them the entire organism is effected; metabolism is increased and in a general way exerts a powerful toning effect by increasing nutrition.

The cold mitten friction may be used advantageously in all fevers, in chlorosis, anemias, wasting diseases, and similar ailments and in convalescents.

In fevers it may be employed every hour or two as needed and will not only help in combating the temperature rise but also give to your patient added strength and powers of resistance with which to ward off a fatal termination of the disease.

As a general tonic measure once or twice a day is as often as the treatment should be given.

The degree of coolness should be graduated from cool to ice cold according to the strength of the patient.

ALTERNATING HOT AND COLD FOOT BATH.—Cold feet is one of the very frequent complaints of the opposite sex, and occasionally found in men, and which is overcome with the least difficulty and to the satisfaction of the patient and physician by using the hot and cold foot bath twice daily, morning and evening.

The requisites for employing this treatment are two vessels of sufficient depth that when the feet are placed in and water poured upon them that the water will cover the ankles. A time piece and dry towels.

One vessel should hold cold water and the other one water as hot as can be borne by the patient's feet. Additional hot water should be added during the treatment to maintain a temperature of from 104 to 120 degrees.

Have the patient place the feet in the hot water and keep them there for five minutes. Remove them immediately to the vessel of cold water and hold them in it while slowly counting ten; then place in the hot water now for three minutes, then again the cold while counting ten. Repeat this procedure for twenty minutes to half an hour morning and evening and in

due course of time the continually cold feet will have given way to warm ones.

This simple treatment may also be employed to advantage in some cases of insomnia, headache, increased flow of blood to the brain, chilblains, and sweating of the feet.

THE COLD ENEMA.—The effect of a cold enema upon the human organism is as an antithermic; cleanser of the intestinal tract; and an encourager of liver and kidney action.

This form of enema may be used to an advantage in cases of chronic constipation by injecting from one pint to one quart of cold water into the colon once a day preferably in the morning. It overcomes the constipation by the tonic effect upon the muscular wall of the intestine. This use of water is worthy of a trial and you will not be disappointed in the results.

In the treatment of thermic conditions is where you will have the most frequent need of the cold enema. This form of treatment in fever cases date as far back as 1737, when it was employed by DeHans in Germany. Benjamin Rush in Philadelphia in 1794.

The most effective and satisfactory use of cold enemas in febrile conditions is as follows: provide a fountain syringe holding half a gallon or more of water, with plenty of length to the tubing; an additional piece of tubing about two feet long and large enough in diameter to admit slipping the fountain tube into it; this allows of a quick stoppage of water flow into the bowel and also permits an outward flow without withdrawing the tubing from the bowel.

Insert the two-foot piece well lubricated, its full length into the colon and connect with the syringe tubing. Now pour into the syringe one pint of water having a temperature of 100 degrees; open the shut-off which will allow the water to begin flowing and immediately pour into the syringe three pints of water having a temperature of 60 degrees. When the four pints have been injected let it be retained not longer than fifteen minutes and then let it pass off. You may with perfect safety continue a cold enema for two or three hours in this way if necessary to control the temperature of a patient. The subsequent injections should be at a temperature of seventy degrees.

Under ordinary circumstances a gallon of water used every two or three hours will keep the temperature at a safe level.

I will give one word of caution before closing in reference to enemas and that is to always direct the use of a half pint of cold water being thrown into the lower bowel after cleansing the colon with warm or hot enemas: by its tonic influence upon

the muscular wall much of the relaxation found in those walls and which will certainly result by habitually using the warm enemas, will be overcome and the entire tract strengthened for service.

Time will not permit me to speak of "Fomentations" in the treatment of inflammations, joint and muscle pains; "Cold hip packs" in uterine and ovarian troubles; "hot full packs" in diabetes, nephritis and dropsies; "cold and ice packs" to the heart in acute and chronic heart diseases, but for those of you who do not possess a text book on hydrotherapy I would advise you to buy one and read until familiar with the physiological action of water at the different temperatures and the affections in which it may be employed to an advantage.

STOP THE LEAKS.

James Beard, M.D., Los Angeles.

Read Before the Los Angeles County Eclectic Medical Society.

Mr. President and Gentlemen:

The title of this paper may appear to some of you as rather peculiar, but when you hear what I wish to say upon the subject, you will consider it most appropriate.

We hear a good deal about vitality, nerve force, and will energy, but I question if we have a clear conception of their true meaning.

We speak of life as if we knew all about it, yet, if we examine ourselves closely, we should find that we know absolutely nothing of life and vitality, no more than the electrician knows what electric energy is.

The electric engineer understands something of the conditions by which and through which electric force produces certain physical effects, but of its ultimate potentiality he knows nothing.

The doctor understands something of the physical conditions by which that phenomenon, called life is made manifest, but of the imponderable force or energy known as life, will power, and vitality, it must be confessed the physician is in a deplorable state of ignorance.

The doctor understands something of physiology and biology; he is aware that certain anatomical conditions are necessary before any psychological, or indeed physiological phenomena is possible. He knows something of the structure of the nervous system and its function. We know a little of the cerebral spinal system and its relation to thought and action; but of the sympathetic nerves and their relationship to the function of the internal mechanism of digestion and assimilation. I fear we are not well informed, or upon the wonderful

and mysterious work carried on by the creative mind which operates through the sympathetic nervous system, changing a piece of bread into living blood cells, and combining these cells in their correct relationship to make a nerve fibre, a muscle cell, or a brain cell.

We do know, however, that the cerebral spinal system of nerves are medulated, and that the sympathetic are unmedulated in the same manner as the electric wires are insulated to prevent the electric energy from leaking. So also we find, that long before the advent of electricity, mother nature understood the necessity of insulating the cerebral spinal nerves, over which the will has control.

But the sympathetic nerves are not so protected.

Now, just as the electric force is liable to leak from the wires, so also may the nerve energy be dissipated from the vital centers of the human organism.

I wish to call your attention to some of the centers from which there is considerable leakage of nerve energy:—The cerebral spinal system is liable to become more devitalized than the sympathetic; especially, the brachial and sacral plexus suffer more in this way than any other part of the spinal cord.

Then comes next in order the superficial cardiac plexus; this is the center which is depleted by mental shock and mental depression, and the Pneumogastric nerve suffers through the reflex.

Any undue excitement or strain causes the axis cylinder to become over-heated: this results in a low grade of inflammation which dries up the medullary substance, resulting in a leakage of the electro-magnetic energy of the nervous system.

But as the sympathetic system is unmedulated, it is more predisposed to devitalization than the cerebral spinal nerves.

The rectum is under control of the involuntary nervous mechanism and is more exposed than any other part of our anatomy to irritation and passive congestion, which invariably results in serious and some times complicated injury to the mucous membrane, from which innumerable mysterious nervous ailments result.

I know of no diseases of the human body so far-reaching in their devitalizing effects upon the whole system as hemorrhoids, fistulas, fissures and ulcers of the rectum. The reflex troubles which result from this condition of the lower end of the colon are more numerous than the laity, and, indeed, the professional mind has yet dreamed of.

I believe that forty per cent of all mental and nervous diseases are traceable to a deranged rectum.

The day is not far distant when the doctor will pay more

attention to leaks of the nervous system, than he has heretofore.

Apart from the stopping of local leaks, more attention will be given to the circulation of the vital energy of the nervous system, and to the influence of the earth's magnetic currents upon the living organism. For example: some people should sleep with head to north; others to the south; again, others would be benefited by sleeping with head to east or west. Yet again, there are those who should sleep upon a bed, resting upon some insulated material which would prevent the vital magnetic forces of the body from passing to the earth during sleep.

This is a subject of profound importance to the earnest student of the healing art, for indeed he has more to do with that subtle force called life than with the grosser elements of the physical man.

Whatever life may be, it is evident it stands in a close relationship to the nervous system, and it behooves us to give more consideration to that nervous system, which is the main-spring of life, than has heretofore been done.

In conclusion I wish to say that my sole object in preparing this brief paper is to call your attention to this all important subject of the devitalization of the imponderable forces of the human body, because the doctor who understands the nervous system and its true relation to life, is the one who is most likely to meet with the greatest degree of success in the art of healing.

VAGINITIS.

Mycosis Vaginae, A Rarity.

J. Beechler, M.D., Soquel, Calif.

Read Before the California State Eclectic Medical Society.

Patient who has suffered more or less from Leucorrhœa usually profuse intense itching and burning of the vulva follicular vulvitis. Vagina not inflamed. Later on notice numbers of grayish brown, slightly elevated masses on the vaginal walls. These mucosæ are easily detachable. Between them the mucous membrane was seen apparently normal. Beneath them, on their removal, the membrane was angry, raw and somewhat swollen.

Microscopic examinations show the presence of immense numbers of *oidium albicans*, the ordinary thrush fungus. Thrush patches also found in the mouth, being due probably to the admixture of menstrual blood. If patches are picked off

with forceps and teased in a weak caustic potash solution. In this case hot boric acid and bi-chloride of mercury douches caused a rapid cure. The cause of the infection was not ascertainable. Glycosuria was not present.

TREATMENT OF VAGINITIS GONORRHEAL.

Throw out all the old methods, such as silver nitrate, owing to its severity. So has laetic acid failed. More satisfaction has been gained by silver salts, protargol 2 per cent, argyrol in five to twenty per cent solution. The best result is the use of methylene blue in 1 per cent solution. The entire vaginal mucous membrane is painted once or twice weekly with the most prompt results in arresting the disease and restoring the character of the mucous membrane; at the end of 24 hours the normal color of the vagina is restored. Would add or suggest per sulphate ferri in 4 per cent solution in hot douches used every other day to cleanse parts. Ointments are no good. In some cases Pot Permanganate acts kindly in weak solution.

A RED HOT HOUR IN KANSAS.

All in one hour—three engagements; preacher's wife of Logan, first call. Butcher's wife, second call, and editor's wife, third call. Three babies all born inside of this one hour, and I attended all three in good style, and pulled a man's tooth as well, who was waiting in the office at the first call. How is that for high?

NOW ANOTHER CASE IN REPUBLICAN CITY.

Was called to see Mrs. M.— in haste. Found her in deep spasms; had been so for twenty-four hours before I was called. Made examination, found distended abdomen large enough for at least three well defined kids. I recovered her from the spasm and crowded the case. Delivered a twelve pound boy and three regular balloons as large as a hog's bladder, distended to their uttermost. All recovered and alive today. Perhaps the balloons are in the air yet. Can't say about them; left them there for people to look at. How was that for false conception?

THE COUNTRY DOCTOR.

R. O. Ball, M.D., Tacoma, Wash.

Read Before the Washington Eclectic Medical Society.

There is a gathering in the village which has never been outdone,

Since the soldiers took their muskets to the war of sixty-one,
 And a lot of lumber wagons near the church up on the hill
 And a lot of country people Sunday dressed and very still,
 Now the windows are pre-empted by a dozen heads or more,
 Now the spacious pews are crowded from the pulpit to the door,
 For with coverlet of blackness on his portly figure spread
 Lies the kind old country Doctor in a massive oaken bed.
 Whom the populace considered with a mingled love and dread,
 Maybe now this congregation, of great or little worth,
 Found this anxious watcher waiting for them
 When they came upon the earth.
 This undecorated soldier of a hard unequal strife
 Fought in many a stubborn battle with the foes that sought
 their life,
 In the night time or the day time, he would rally brave and
 well
 Though the summer larks were singing or the frozen lances fell
 Knowing if he won the battle they would praise their Maker's
 name,
 Knowing if he lost the battle then the Doctor was to blame;
 But 'twas the brave old cautious Doctor,
 'Twas the good old faulty Doctor,
 'Twas the faithful country Doctor fighting stoutly just the
 same.

When so many pined in sickness he had stood so strongly by
 Half the people felt a notion, that the Doctor could not die
 He must surely learn the lesson how to live from day to day,
 Things have somehow lost their bearing now this landmark is
 away,
 He has learned that death is master both of science and of art,
 He has done his duty freely and has acted out his part,
 And the strong old country Doctor,
 And the weak old country Doctor,
 Is entitled to a furlough for his brain and for his heart.

WHAT MEDICINES SHALL WE USE?

John Fearn, M.D., Oakland, Cal.

Read Before the California State Eclectic Medical Society.

And the first answer to the query: Should be nothing but
 the best, and to be sure that we have the best. The doctor
 must make an intelligent choice. Today the man who pre-
 scribes medicine has choice among good manufacturers. So
 far as my observation goes it is hardly possible to get the poor
 medicines in fluid form that we used to get 30 or 40 years ago,

that is from any reputable makers. While we do not want to throw away money, for the doctor's money is hard earned in the first place, and in the second place it is often collected with difficulty, yet the price of medicine should never be the ruling factor in the purchase of the same. So far as I know, at first purchase SPECIFIC MEDICINES are the highest priced fluid medicines on the market, and yet so far as my experience goes, they are in the long run the cheapest. Before my acquaintance with the Late John M. Scudder I ordered large amounts of drugs, in my practice I gave comparatively large doses, got good results from my prescribing and was pronounced a successful practitioner. And yet with no such satisfactory results as I get from the much smaller doses of the more concentrated medicines. Today while practicing specific medicine, many intelligent physicians, are using drops in their prescriptions where they formerly used drams of the old kind of tinctures and extracts, and that is better for both patient and doctor. When I first began to practice medicine, my materia-medica was principally vegetable, herbs, barks, roots, leaves, berries, and blossoms, either made up in infusions, decoctions or given in powdered form. In those days I gathered many of these remedies and prepared them with my own hands, but whether I gathered them or bought them I was very careful that they should be the very best; to start with I was not going to be satisfied with any old thing. In those good old days I had no gelatine capsules, no sugar coated pills, and I freely admit my doses were often cumbersome and not by any means toothsome; dram doses of powdered drugs, pint or quart bottles of infusions or decoctions to be taken in wine glassful doses. I admit they were often taken with a wry face, but no one that I ever knew of who used them according to instructions, ever doubted their efficiency that medicine did the work. Those doses were efficient, they did their work even if you did need a lump of sugar after every dose, and they never left any ill effects in their train. No one lost their teeth or were crippled for life with fever sores. I could succeed with that kind of medicine to-day if I could only get the folks to drink the medicine. Over 30 years ago the great drug houses seeing the success that attended the administration of infusions largely in the hands of the laity, began to put up concentrated infusions and decoctions which they dealt out to the doctors in 5-pint bottles for a consideration. But those who used them soon found that so far as medicine was concerned the millenium had not com.

The change was now made to fluid extracts. My! My! Those first fluid extracts might well have been named fluid

nastiness. How Doctor Scudder did lampoon them. Very soon after this, under the lead of Scudder & King, W. S. Merrill, then Merrill & Thorpe, then Merrill, Thorpe & Lloyd gave us much better fluid medicines, then came in specific medicines which have been manufactured and perfected by that true Eclectic, John Uri Lloyd.

Now do not misunderstand me, the other great drug houses of this country are giving us good medicine to-day. In fact, the great houses of Parke, Davis & Co., John Wyeth & Bros., and other good firms we could mention, have too much money invested in pharmaceutical plants to think of putting out poor goods under their names. I have used their goods with satisfaction and success. Still, as the result of long experience wherever I can get specific medicines they are the remedies of my choice. I have given my reasons for this choice in a paper which has been scattered in this country among the doctors, and which bears the title, "WHY I USE SPECIFIC MEDICINE." I have found them true to name, true to smell, true to taste, and they are made by a house that deserves our patronage. I cannot refrain from speaking words of praise for the Homeopathic Tinctures. They are good, reliable medicines. I have great confidence in them, and have used the mother tinctures of the Homeopaths with success. I consider them just as pure as specific medicines, but they are not as concentrated as specific medicines, and to a doctor who carries his own medicines this is a great consideration. And here let me say in passing I believe it would be far better both for doctor and patient if a far greater number of doctors would supply their own drugs. I used to think I could not prepare the dilutions without getting the homeopathic tinctures for that purpose, but for a long time now I have run up my dilutions from the specific medicines, and I find an increasing number of homeopathic physicians are doing this. And this I look upon as a great compliment to our medicines. In using our remedies it has been largely the rule to use water as a vehicle. For many years I have used water to which is added 25% of glycerine. I think this is a great improvement; it does not in any way interfere with the activity of the remedies and it makes them more pleasant, and otherwise. I do not use it as freely as I did, unless it be in cathartic compounds.

With my present light I could not satisfactorily practice medicine with the tablets that are said to contain tinctures or essential oils. I cannot see how fluid and volatile substance can be retained in them for long, and the oils one would think would go rancid. The same objection does not however, hold

with regard to quinine or to any of the pure salts, such as strichnia and many others.

The so-called Homeopathic triturations either single or in combination are a very good class of remedies which I use largely and which I can recommend, but unless the doctor has both much patience and leisure, I would advise him to buy his triturations from the Homeopathic pharmacy, for the reason that it takes long trituration to make them valuable. These houses have electric mortars for this work. This puts no power into the drug, but liberates the power that is hid away in the drug.

In my own practice I do not use many of the so-called active principles. Podophyllin, Leptandrin, Hydrastine, and a very few others. Abbott, of Chicago, puts up quite a line of goods, many of which I have used with advantage, finding them elegant and trustworthy, and compact in shape and size. The question often comes to us, shall we use our drugs singly, or shall we make combinations. I certainly think it would be more scientific to use a single drug for a single purpose. Though in many cases I fit the one drug to the case, yet I freely confess that I put in two, or it may be three at times. In our present limited knowledge I see no harm in this, but to add so many medicines to one prescription I think is very unscientific and leads to great uncertainty. Let me close this paper with three recommendations.

First: Use the very best medicine you can get.

Second: Use your medicines with a definite purpose in view, and in the third place, use no more than is needed to accomplish your purpose.

SURGICAL SUGGESTIONS.

In the presence of subpectoral or parasternal suppuration be on the lookout for a mediastinal abscess.—American Journal of Surgery.

For oozing from the brain surface, during intracranial operations, the application of thin bits of absorbent cotton, as suggested by Cushing, is excellent.—American Journal of Surgery.

A rounded swelling situated over the insertion of the hamstrings on either side of the leg is apt to be an hygroma or ganglion derived from the tendon sheaths.—American Journal of Surgery.

Phlegmanous processes in the neck, especially suppuration in the deeper planes, cannot be too promptly evacuated,—they are often followed by mediastinal or pulmonary infection.—American Journal of Surgery.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.
Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PITY THE POOR RICH!

It has been correctly said that "the poor we always have with us," and our compassion is daily excited in their behalf. Of alms given them there is no end, though doubtless in many instances it is unwisely bestowed. But, however, that may be, all of us have been taught from infancy to pity those who are financially unfortunate; and never a thought has been given for those who possess and are burdened with a surplus of wealth. We all know that the possession of great wealth does not necessarily bring happiness, but we all seem anxious to try it. Apparently each of us is so egotistic as to believe that he could and would make of himself an exception to the general rule.

And so we strive day and night to acquire great wealth—a goal but very few attain. There may be some satisfaction and benefit in this endeavor though the same energy could be better spent in personal improvement. However, assuming that a man has acquired great wealth at a sacrifice of all his finer instincts, what shall he do with it? Usually he leaves it to his children and usually they dissipate it in riotous living. In a sense this is fortunate for other people but it is terribly hard on the dissipator. He is undriven by the necessity to earn an honest living and therefore is the slave of idleness. The stimu-

lation of a laudable ambition is replaced by the desire to experience the taste of vice in every form. With plenty of money to spend how easy and how rapid is his downfall. Usually in a single generation he becomes a degenerate. How unfortunate indeed are the sons and daughters of the very rich! May God pity the poor rich!

MISCHIEVOUS MEDICAL LEGISLATION.

There is, as we think, altogether too much legislation in this country. As a people we run too much to statutory legislation upon every imaginable subject, and as a consequence legislation among us is inclined to run to seed. Many of the injunctions and prohibitions that are made the subject of statutory enactment do not call for any such specific codification, being amply provided for in the common law; indeed, in frequent instances the specialization actually weakens the force of the obligation, because it immediately offers technical loopholes of avoidance. And besides, law ought properly to be the gradual crystallization of universal experience—the evolution of a long trial-and-error process, from whose conclusions there is no appeal either of reason or experience; whereas, the forced and hurried examples of statutory legislation to which our legislatures are continually parties are either premature codifications of some individual dogmas or else the mischievous exercise, through the authority of the state, of class prerogatives.

To this latter type of legislation, in the last few years, there has been a dangerous tendency, and unfortunately medicine has fallen into the pernicious trend. Medical organization throughout the country, having turned its attention to legislation, and having brought about the enactment of some really good and useful laws, has acquired the legislative itch, and instigated by the greed for power and influence which animates certain of its entrenched leaders, is overstepping its legitimate political functions; so that in all of the forty or more legislatures that have been in session this winter there were many bills, dealing with medical practice or with the drug trade, inspired by the leaders of medicine, many of which have no other purpose than to entrench organized medicine in political power or to benefit physicians as a class.

This journal has always conceded, nay, insisted upon, not only the right but the duty of the states to enact laws to protect the people from the inevitable proportion of unskillful, careless or unscrupulous individuals that are to be found in every class of men, including physicians and druggists, and

upon the obligation of those who are skillful and honest to submit to those laws for the sake of the interests of the public at large. It is to the credit of the medical profession as a whole that it has taken the initiative in the promotion and enactment of legitimate legislation of this character. And we have already admitted that the general medical practice acts which have been placed on the statute books of practically every state are in the main fair and just. But it must be remembered, on the other hand, that such legislation is an exercise of the police power of the state, the principle and intent of which lies in the protection of the people as a whole from the abuse of their constitutional rights by the class against whom it is directed, and it not at all designed to invest that class with any special privileges or powers. **And just as soon as medical legislation oversteps this legitimate purpose, and looks toward the acquirement of such special privileges and powers, it becomes a dangerous exercise of class prerogative which, however plausible and successful it may be for a time, can not ultimately prevail in modern Republicanism, but will in the end react upon the class that exercises it and more than likely sweep away in the revulsion all that is really good and useful in its legislation.**

Special medical legislation of the kind contemplated and now being sought in many quarters is both wrong in principle and short-sighted in policy. Indeed, its unsoundness of principle makes it the poorest kind of policy. It is wrong in principle for the same reason that all class legislation is wrong, because no privilege can be bestowed by the state upon one class of individuals except by robbing the rest of corresponding rights, and there is nothing even in medicine to warrant such a subversion of the essentials of popular government. There are no genuine interests of the public which require for their attainment the violation of the very fundamental principles of representative government; and the interests of the public are the only legitimate end of legislation. If there is one thing above all others that is repugnant to the spirit of our Republicanism, against which, indeed, our form of government is a standing protest, it is the establishment by law of artificial inequalities between man and man; and this is what is involved in the enactment of class legislation. Such a practice, if allowed to gain general prevalence, would result in an even worse state of affairs in our Republican government than under an unlimited monarchy, for it would result in the legislatures becoming nothing but a general grab-bag where each class would be trying to get some privilege.

As a matter of policy for the profession itself, special medical legislation is equally undesirable. We do not believe that such movements originate with the rank and file of the profession. The great body of medical men in this country are sincere and worthy men, quietly and earnestly engaged in noble and often self-sacrificing work, maintaining, without any idea of being heroes, the traditional honor of their vocation. And it is this very tradition of veneration, inherited and in the main borne out by rank and file of medicine, that lends the color of false justification to the selfish machinations of the ambitious Caesars of the profession as manifested in these demands for special legislation.

Unfortunately, the public is not always discriminating in their judgments, and often blame the entire class for the misdeeds of the few. And when the awakening comes, as come it most assuredly will, and the people discover that these legislative incursions of medicine are not really the altruistic and disinterested concern for the public weal that they pretend to be, but the crafty schemes of medical politicians to entrench themselves in monopolistic power, it is all too likely that in the revulsion of sentiment that follows the awakening, the great body of honest practitioners will share in the contumely that is visited upon the ambitious clique.

We have again and again in these columns warned, and we shall not cease to warn, the general practitioners of the country against passively allowing their aggregate membership in the profession to be used to give color of representation to the schemes of power and aggrandizement pursued by the few infatuated men who control organized medicine, which are now taking the form of political plots for the attainment of special legislation. So long as these leaders are allowed to exploit this hypothetical color of representation it is a real power, which will presently recoil, not only upon those who have wielded it, but upon those who have foolishly permitted it to be used.

We earnestly advise the honest practitioner, who is also a good citizen, to have nothing to do with legislative schemes of this character, but, on the contrary, to put himself on record in disapproval of them, both in the high ground of principle, and also on the more personal ground of his own professional interests. If it be true that "he that taketh the sword shall perish by the sword," it is even more inevitably true in its application to the law, at all events where a man or class of men seeks by such appeal to advance his or its own interests at the expense of the people as a whole.—The Medical Brief.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Wellbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, February 7th, at the college building. In the absence of the president, Dr. Munk presided.

The attendance was small but close attention was given to a paper read by Dr. Beard entitled "Stop the Leaks," followed by a discussion.

The next meeting will be held on March 7th at the usual hour and place. Dr. Lawrence will read a paper.

Adjournment.

P. M. WELBOURN, Sec.

J. F. BARBRICK, Pres.

ATTEND THE NATIONAL AND GET ACQUAINTED.

If there is one besetting sin more than another of which Eclectics are guilty it is the proclivity to stay at home and the disinclination to get acquainted. Whether we are actuated by an excess of either modesty, timidity or indifference the result is the same and the effect disastrous. The home-body seldom gets away from his own town or the community in which he lives, takes no vacations and is not in the habit of attending medical conventions. He possibly does not meet another Eclectic during the whole year or, perhaps, not for many years and lives practically alone. Such a course is detrimental to every interest concerned, both of the individual and of the cause

in general. The stay-at-home does not know what he is missing and never can know until he changes his habits.

How some of these men manage to exist is a puzzle. Some of them do not even read their own medical journal and make no effort whatever to keep posted on the progress of medicine. If you are one of this kind it is high time that you wake up and begin doing something. Under the rules of Eclectic re-organization every interest centers in the National Association, which makes it all the more important and imperative that every Eclectic in the land should become a member. Once a member of the National the next step is to attend its meetings. There you will not only meet other men from your own state, but also from nearly every other state in the Union. The influence of such a gathering of representative men upon the individual is most salutary and helpful. It is an experience that every man needs to give him balance and if he denies himself the opportunity it becomes his personal loss.

It is usually the stay-at-home that is the fault-finder and growler. If he would attend the meetings he would be familiar with the work and know for himself what is said and done. He would not have to guess at the proceedings or be misinformed by some prejudiced or garbled report. The absentee sometimes, also, finds fault because he is not personally invited to be present or to take part in the program and complains that certain men are always in the lead and dominate the convention. Does it ever occur to the brother that the man who does things is the man who wins recognition and has influence? How can the convention know anything about a man who has never done anything nor ever shows himself at the meetings? Let him do as the rest do, spend a little time and money in attending the meetings and getting acquainted and he will soon know and be known. Do not pout because of some imaginary slight but have confidence and believe in your friends; or, if there be anything that is really wrong, mention it to the proper authorities so that it can be corrected. It never does any good to get sour and morose; and an unjust suspicion can only cause additional trouble and unhappiness. Cultivate optimism and shun pessimism as you would the plague.

The National is looking for talented young men and, indeed, capable men of any age. It is proper that a man should have some pride and a good opinion of himself, but he must be careful not to over-estimate his own value. A man is not usually what he himself thinks he is, but must be judged by his friends. If he has real merit he will have friends who will see to it that he gets proper credit. A conceited man is the most hopeless creature that can be imagined. He is so swelled

up with the big head and his own importance that he will neither learn nor take advice. Instead of beginning at the bottom and gradually working his way up he attempts to start at the top, when he is sure to fall down. Do not expect to accomplish everything in a day, but put yourself in the path of duty and stay there and the reward will come in due time. It may take one year or many years to achieve success, but when it comes it will be a fitting recompense for all the toil and patience that it has cost. If you really want a job, you must first prove your worth by putting yourself in a position to be found out, when you will find something to do according to your merit. Try yourself and find out what you can do and if you have any ability your service will be in demand. Do not wait for the opportunity to find you but strike out for yourself and make your own opportunity.

Having put your hand to the plow of Eclecticism never look back nor turn aside. If you have any doubts take a fresh grip on yourself and resolve now that you will attend the next meeting of the National and get acquainted. Make a new start and hereafter be a true Eclectic and a staunch supporter of Eclecticism.

J. A. MUNK.

COLLEGE ITEMS.

J. Fraser Barbrick, M.D.

Well the first semester is over; midwinter exams are finished, the student body is organized, its association holding regular and very instructive meetings, the second semester is in full blast and only one "freshie" has fallen by the wayside. This we think is a remarkable and enviable record. Once upon a time it was said—and with some truth I regret to admit—that you could send a mule to a medical college and if you kept him there long enough he would eventually get through. Not so today; at least not at the C. E. M. C. or any other true Eclectic school. The Eclectic student must win his degree by hard, honest work. There is no other way; there never was any other way in Eclecticism and I wonder if the Eclectic student realizes how trebly blessed he is; blessed in the first place by his choice of medicine as a profession, in the second place that he has been matriculated by medical colleges of such standards and ideals as our Eclectic schools and been chosen by our Eclectic teachers as worthy to be taught Eclectic medicine, and in the third place that he must earn his degree by hard, honest labor. Perhaps they do not as students realize to the fullest extent these great blessings, but they will be

but a short time in the field of active practice before they will thank God for all three.

So to any student, especially Freshmen, to whom the way seems dark, the work hard, the hours long, I would say: you have set your foot in the right path, never turn back; you have put your hand to the plow of Eclecticism, never let go. It will turn the furrow clean and true, no matter what soil you place it in. Stick to it boys and girls, hang on, never say die; and whisper, if you rub the Aladdin's lamp of Eclecticism hard enough with the sand of DIG and WORK the Genii of SUCCESS will never fail to appear and will ever be yours to command.

The great value of our free clinic to the students was never better illustrated than by the following object lesson which was presented to them recently. Case 111 G. U., male, complained of sore tongue, mouth and throat. No questions were put to the patient until a thorough physical examination had been made. Inspection showed tongue tremulous, tip pointed and red, edges fissured and excoriated, with a number of mucous patches and ulcers covered with a dirty brown mucopurulent discharge; the back of the tongue coated with a thick nasty greyish brown coat. Mucous patches were also present on membrane of cheeks and pharynx. Breath foul and heavy; patient wanted to spit or swallow almost constantly. Both upper and lower teeth were false. On arms, body and legs were some eruptive spots in the form of a papulae with more or less scaly surfaces, and numerous scars ranging from the size of a small poek mark to as large as a fifty cent piece were found. Also on buttocks five or six hard indurated lumps. Palpation and percussion negative. Auscultation, a rapid irritable heart action with harsh respiration and profuse large and small sonorous and sibilant rales. After letting this living picture of medical malpractice sink into the boys' minds for a moment the history of the case was taken. Questions elicited that the patient was 26 years old, married but had left his wife about a year ago as she had given him a bad disease which he had gone immediately to the doctor with. The doctor had given him some little tablets which had moved his bowels terribly and after awhile his mouth, tongue, and gums got sore and his teeth loose. The doctor then gave him medicine in a bottle that looked like water but tasted bad and burned his stomach but helped his mouth, etc., and tightened his teeth up again. He now increased the dose of the water-like liquid until he was taking sixty drops and his mouth began to get bad again and his stomach couldn't stand the medicine. The doctor now put a needle into his bottom and

injected something which left a hard lump and pained some. After the third injection his mouth got sorer and the fifth or sixth time he couldn't remember which, made him so sick he was laid up for a month and his teeth all came out. During this sick spell he could eat nothing but liquid and hardly that and the pain and suffering wore him to a shadow. Sores broke out on the body and when healed left the scars we had found. He now had come to the end of his money and not being able to pay the doctor any more was thrown over and forced to seek aid in the free clinics or go without treatment. He applied to a clinic in San Francisco and was given a bottle of medicine and on telling the doctor in charge that he wished to go to Los Angeles where he had a brother who would care for him and would like the prescription, he was given the mixed treatment formula—he had a copy of the Rx—and had taken two or three bottles of the medicine but with the only results that his mouth and tongue continued sore and he felt worse. This was the story and with one accord the class diagnosed Mercurial Poisoning. The treatment given was locally an alkaline and antiseptic mouth wash and gargle followed by a 50 per cent H₂O₂ wash after which the ulcers were painted with a 10 per cent argyrol solution. Internally. Potass Chloride, one dram, Aqua, 4 ounces, a teaspoonful every three hours the first three days then every four hours. In one week foul breath, dirty discharges, all soreness in the mouth and throat most of the mucous patches and smaller ulcers had disappeared. Tongue had cleaned and tremor was scarcely noticeable. Patient was hungry, hopeful and happy. Second week continued local treatment as before but internally gave our old specific standby Kalnia Corydalis and Phytolacea, A. A. one dram, adding thereunto Echinacea, one ounce in Aquae qs. to make four ounce mix. Teaspoonful every four hours; at end of second week mouth, tongue and throat all well; Bronchitis cleaned up, sealy eruption all gone, except one or two spots on the outer surface of the leg above the ankle; patient had a job and was going to work. Object lessons like this are never forgotten and serve to strengthen Eclecticisim in the hearts of both teacher and students.

PATHOLOGICAL SPECIMENS WANTED:—If any of the brethren have unusual or interesting pathological specimens or material, and would like to donate them to the school they would be thankfully received and profitably used. The class is capable, competent and enthusiastic and not only carrying the subject along on regular lines but some of the more advanced students under their very able Instructor Sprague, would like to do some independent research work and would

like the co-operation of any of our men in the field who might be able to aid in the work. Also arrangements for free Post-Mortems can be made in cases of sufficient importance and interest and where the class can be in attendance.

COLLEGE NEWS.

For some time the students of the college have felt the need of a Student Body Organization, and so accordingly early in January they adopted a constitution, which would make possible such an organization and provide for its maintenance. At a meeting shortly following the first meeting, officers for the organization were elected. The election caused no little excitement, and some strenuous electioneering was done, which would have compared favorably with the "Big Stick Boosting." But without having to administer any anaesthetics to convulsive boosters or stimulants to the collapsed candidates the election was pulled off with the following officers for this year: President, Clinton Roath; Vice-President, Herbert Cox; Secretary, Alphonette Coff; Treasurer, Robert Evans.

The society is to meet the first Monday evening of each month and the first regular meeting was held the evening of February 6th, at which time several matters of interest were discussed. The students all feel that the Student Body organization will aid them materially by creating a more friendly feeling toward each other and give them an opportunity to discuss matters of interest to them and to the work for the betterment of the College by co-operating with the faculty so

"Three cheers, Boys," for the C. E. M. C. and the Student Body Organization; push her along for all you are worth.

RESOLUTIONS.

We, the students of the California Eclectic Medical College, having duly organized ourselves as one body to be known as the Student Body of the California Eclectic Medical College, believing that it will be to our mutual benefit, and

WHEREAS, in such an organization we have a medium through which to discuss and deal with such matters as concern us individually and as a whole, thereby promoting a feeling of fellowship and creating a College spirit, and

WHEREAS, through it we may conduct socials and meetings of interest to us as students and prospective physicians thereby fostering a friendly spirit toward each other and creating professional enthusiasm, and

WHEREAS, through it we may co-operate with the fac-

ulty and trustees to their benefit and also benefit ourselves; thereby promoting harmony and good will, and the upbuilding of high standards for our college, therefore be it

RESOLVED, that the Student Body place itself on record as desiring and intending, to promote a college spirit, to work for the advancement of the college, to co-operate with each other in a friendly manner and as one body to harmoniously work with the faculty towards securing a high standard and good work. And be it also

RESOLVED, that a copy of these resolutions be spread on the minutes by the secretary and a copy be handed to the President of the Board of Trustees and the Dean of the College.

Passed February 6th, 1911.

CLINTON ROATH, Pres.

MRS. ALPHONETTE GOFF, Sec.

Mrs. E. R. Evans, who has been quite ill, is recovering slowly.

Mrs. Crawford has been out of class for several days but is reported to be up again.

Mr. Henry Sprehn has been on the student sick list but will be in the class again after the Washington Birthday holiday.

In the chemistry class:—

Student—My head is full of obstetrics, and I can't get down to chemistry.

Professor—You had better make a delivery then.

Student—I will have to make a forced delivery when the Obstetric exam comes off.

Materia Medica class discussing antidotes to Hydrocyanic Acid:—

First Student—If you did not have ammonia, what would you use?

Professor—I would do the next best thing that I could, if it was nothing but jumping up and down on the patient to make him breathe.

Second Student (absent minded)—That is very highly recommended by the book, isn't it?

NEWS ITEMS.

Dr. H. Leonard Wells, who has recently located in our city, can be found at 331½ So. Spring street.

We are in receipt of a letter from E. E. Bair, Steilacoom City, Washington, asking for a physician to locate there. Mr.

Bair states that he has a splendid location for a good young physician.

Died—Dr. Geo. D. Coe, died at Dr. Long's Sanitarium in San Francisco, February 5th, after a three-days' illness with intestinal obstruction and peritonitis. Dr. Coe was a graduate of E. M. I. in the class of 1872. The Journal extends sympathy to the bereaved family.

A FRIENDLY CRITICISM.

In a continued article in the February number, written by G. W. Harvey, M. D., of Millville, California on Medical Prophylaxis, I get the impression that the writer would have us believe that the intake of Nitrogen for the use of our systems is from the inspired air. Perhaps I do not get the proper meaning of his language, for certainly so able and lucid a writer and one who evinces so thorough a knowledge of his subject, could not make the mistake of forgetting the well demonstrated and established fact that the only source of nitrogen available for the building and maintenance of the body tissues is from the ingested food and drink. No part of the nitrogen in the inhaled air is available for use in the animal economy. Such is the teaching of the scientist.

Q. A. R. HOLTON, M. D.

Whittier, California.

COTTON SEED OIL AS A NUTRITIVE.

Nutromul (Brown's Cotton Seed Oil Emulsion) possesses two features that lift it far above the average list of tissue foods and reconstitutives—two features which should at once gain the favorable consideration of physicians alert to discover new therapeutic agents of promise. These features are unquestionable effectiveness and palatability. Nutromul is an emulsion of cotton seed oil with the hypophosphites. Cotton Seed Oil, by reason of its unexcelled nourishing properties, has come into wide vogue as a tissue food, its main province of usefulness being in protracted convalescence, such as frequently follows la grippe and pulmonary inflammations, and in those diseases marked by tissue waste. Coupled with a carefully chosen dietary and mode of living, Nutromul has proven to be of great service in tubercular states. Its palatability permits its administration over a long period of time without distress of the gastric apparatus. A sample package may be had by sending your professional card to the Nottoe Laboratory, Atlanta, Georgia.

A SAFE AND EFFICIENT ANODYNE.

It is not surprising that PASSIFLORA (Daniel's Concentrated Tincture) is rapidly taking the place, in the practices of thousands of physicians, of opium and its derivatives, for it possesses the same soothing qualities of the latter and is free from its danger.

To the man unacquainted with the soporific and anodyne properties of *Passiflora Incarnata* (Daniel's Concentrated Tincture), its advantages will prove a revelation. It is free from the dangers of opium and does not enslave the patient in a habit from which escape is well nigh impossible. It does not lock up the secretions, and it may be given over long periods of time with every assurance that it will meet the claims made for it. Not alone is *Passiflora* an efficient substitute for opium, but also for chloral, the bromides and the coal-tar products.

A sample of Daniel's *Passiflora* may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga.

LARYNGEAL OR WINTER COUGHS.

The *Journal of Nervous and Mental Disease*, in an article by Dr. Walter M. Fleming, says: In acute attacks of laryngeal or winter cough, tickling and irritability of larynx, *Antikamnia* and *Codeine Tablets* are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take one tablet an hour before retiring and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth, swallowing the saliva. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail in the morning or at midday, the same course of administration should be observed until subdued. In neuralgia, in short, for the multitude of nervous ailments, he doubts if there is another remedial agent so reliable, serviceable and satisfactory, and this, without establishing an exaction, requirement, or habit in the system, as morphine does.—The *New York Medical Journal*.

The California Eclectic Medical Journal

Vol. IV

APRIL, 1911.

NO. 4.

Original Contributions

DIFFERENTIAL DIAGNOSIS.

Read Before the Los Angeles County Eclectic Medical Society.

By Dr. W. J. Lawrence, Los Angeles, Cal.

In bringing this brief paper before you tonight, I have nothing new to offer, no new treatment to prescribe, not even a new remedy to exploit, but if I may arouse within ourselves a desire to be more accurate, a greater sense of our responsibility and the necessity of an early differential diagnosis of acute affections of the throat, I shall have accomplished something worth while.

Most of us, are long on treatment, many of us are short on diagnosis. While a medical student in San Francisco I remember calling upon a friend of mine, who had but recently hung out his shingle, during the course of our conversation the doctor remarked that his great difficulty, was in making a diagnosis. This statement seemed strange to a freshman, who had an idea that after spending four or five years in a medical college and clinic, even a recent graduate should easily make a correct diagnosis.

Not many years since in a Southern California city not a hundred miles from Los Angeles, the only boy of a well known family was taken ill, the doctor called and pronounced the case tonsillitis. Diphtheria was quite prevalent in the town, and the parents were very anxious lest their boy might develop the disease but they were assured by the practitioner that such was not the case, the case ran along for more than ten days, the boy grew worse and one day coughed up a large piece of membrane, the mother carrying it to a neighbor, who told her that beyond any question of doubt the boy had diphtheria, counsel was called, and in turn the undertaker took charge of the case within twelve hours. Just one experience of this kind and I fancy, I should feel like going

out boldly in the middle of the night and taking down my shingle, quietly fold my tent and steal away.

While a correct diagnosis is always desirable, and our efforts to that end should be pursued vigorously in the treatment of chronic or sub-acute diseases, errors in diagnosis may be partially overlooked, we cannot however, excuse ourselves for such errors in acute diseases. We have all doubtless, seen cases treated for asthma, when subsequent physical examination revealed an effusion in the pleural sac. We have seen neglected cases of otitis media extend into the mastoid, resulting in a mastoiditis. We have seen cases of tonsillitis and eustachian salpingitis, extend to the middle ear.

When a child is brought to your office or you are called to see a child in the home, as the case may be and you are told that the child has had an ear ache for some days, and you attempt to make an examination (the child all the while objecting) you discover upon inspection that the external auditory canal IS FILLED with some oleaginous material from goose grease to coal oil; upon questioning the mother you are assured that the child has not had a sore throat. At any rate you are unable to make a satisfactory examination, and the child is so restless that the mother regards any extensive examination as little less than barbarous, and you are tempted to give up any further attempt and treat the symptoms as you find them. The thermometer having been introduced into the rectum, reveals the fact that the child has fever, the pulse is rapid, the tongue is coated, white, yellow or brown, the tongue is thick or thin, possibly pointed and red at tip, the papilla may be prominent or it may not be. The bowel is loaded with fecal matter, the skin is dry and hot, the eyes may be bright and sparkling with pupils contracted or they may be dull with pupils dilated or immobile. The face may be flushed or pale.

Now what have we got? We don't know yet. Let us be guarded in our diagnosis, when, called to a case of this kind; let us look further, let us examine the throat. Now comes the tug of war, sometimes with the aid of an hysterical mother, this process may easily be transformed into a regular "knock down and drag out." But let us be calm and orderly, some times by way of diversion, looking into the throats of the other members of the family, this may help in your diagnosis, (as in a recent case, I found the mother presenting the complex picture of scarlet fever, with the pathognomonic strawberry tongue). The child having set up a "howl" with the mouth well open, a teaspoon may be covered with a nap-

kin or small towel, introduced and held in such a way, that we may obtain a view of the throat. Great care need be exercised lest the little patient leave the imprint of his canine incisors in the skin of your finger. The mother will tell you that Johnny or Susie will not let anybody look in their throat. We will see, mother bring the baby to the window if in daylight, (if at night attach your portable electric light) or have some one perform that delightful office of light-bearer and hold the kerosene illuminary in such a way that you may get light in the mouth and throat. The throat is red and swollen, tonsils almost filling the entire space. There may be white, yellow or gray spots on the tonsils or there may not be any spots in evidence. The superficial cervical glands may or may not be swollen and tender. If there are spots or a membranous formation, let us attempt to remove them gently, with a small applicator a cotton swab is introduced and you may or may not reveal a bleeding surface. I was taught that a bleeding surface after removing these spots or membranes, always meant diphtheria. I have found that this is not true.

My! the baby has a sore throat: Maybe that is the reason why he wouldn't eat yesterday, today, and the day before. By this time, Johnny or Susie has demonstrated to your own satisfaction that he or she does not take kindly to this kind of an examination and e're this has "thrown up Jonah" and spoiled the office carpet, soiled all the towels, the baby's new dress, the mother's new coat, not to say anything about the doctor's "biled" shirt and new cravat. And you wonder how Johnny could hold so much material in a "recent state" in his "little tummy" since he has not partaken of anything for many days.

Now then we have the picture, let us name it. Hold on. We may have a peritonsillar swelling, it may be a peritonsillar abscess, some form of tonsillitis, or it may be diphtheria. It may prove to be scarlet fever. We will proceed to make a culture, and send to the laboratory for bacteriological examination, and having eliminated diphtheria and Scarlet fever by exclusion, we may be safe in making a diagnosis.

The Solons of this great commonwealth invested with power to legislate for the benefit of the "dear people" (the constituency thus represented) have decreed that the Practice of Surgery, Practice of Medicine, and a knowledge of Materia Medica and Therapeutics are not essential to the successful practice of the healing art and have eliminated from the State board examination these branches.

Now, gentlemen, having made our diagnosis let us proceed to treat the patient along safe and sane lines.

THE DESTINY OF MAN.**Ovid S. Laws, M.D.****Read Before the Southern California Eclectic Medical Society.**

When a student at the "E. M. Institute" of Cincinnati, Ohio, I occasionally visited the art gallery.

Many magnificent works of art were there, but only one stands out clear in memory as if seen but yesterday.

It was the portrait of a beautiful mother with her child on her lap.

The mother was dreamily gazing down at the child, and the motto of the artist was making her say, "What is its destiny?"

That motto has been ringing in the halls of my memory ever since.

The clear-cut reason is, that I cannot think of a more important question in regard to my self, and of all mankind.

What importance should be given him?

What is man?

I come only as a scientist, and shall look at these questions only from a scientific standpoint.

Man belongs to the animal kingdom, of the omnivorous class.

Like everything we see, he is a product of nature, whatever may be meant, or included in that term.

You will conclude that he is of no small importance when I tell you that everything indicates that this earth was built expressly for man, and all it contains, for his use.

You suggest that the earth was here ages before man arrived.

That may be true, but it only adds to the great importance nature attached to the coming tenant, man.

The earth was evidently many long centuries in the workshop of nature before any form of animal life did, or could exist. But it was preparing the things necessary for man's use, and largely such as man only can use.

No other animal can use the great beds of coal found on all parts of the globe.

The preparation of these coal beds required special conditions of vegetable growth for a long period.

But nature was patient and far-seeing. Also special conditions were necessary to prepare the beds of the much-coveted gold, silver, and precious stones.

Man is the only animal that has use of these things, or

cares for them, therefore they were constructed in nature's laboratory expressly for him.

Likewise great mountains of iron ore, lead, copper and various other metals, and the great forests were grown for houses, fuel and everything that his unfolding genius could invent.

All the elements of earth are his servants.

He is the only animal that can enjoy the beauties of the wonderful flora of earth, or harness the lightning to run his machines.

He hoards up his wealth as if he expected to live forever, and tries by every possible means to prolong life that he may continue to help himself, but his time is limited, and he goes back to dust, and that is the end of him so far as we can see.

Science can go no farther.

"But come now let us reason together."

Is it possible that after all the earth and the fullness thereof has been prepared for, and given to him, that he should soon become extinct, and good for nothing?

All else was for him, and reason asserts in thunder tones that he was to be of some great use beyond himself.

If the cemetery ends the career of man, then all this stupendous work of nature for him has been a failure.

My reason rejects such a possibility.

Therefore the destiny of man is to pay back in some measure, in another state of being, for this great earthly gift of life and all he has enjoyed.

What is all of this culture and intellectual development for, which often shortens the lives of those that pursue them?

If they are to be interred with our bodies, our pursuits have been in vain.

As earth was long in preparation before animal life could exist upon it, so it will be again.

The things prepared to sustain life will be exhausted.

The earth will become a barren waste.

Man will have made his exit, and rendered his account of stewardship, and entered upon an endless life of service for which he was here being prepared.

That is the destiny of man.

This conclusion seems unavoidable from the foregoing facts, and is made still more evident when we come to look at our rules of life.

Compensation is the watchword in all the dealings of man.

And it is the very backbone of all business.

All legislation, courts of justice, sheriffs, and all the great

army of lawyers burden the taxpayers for that purpose.

Reasoning from analogy then, man must expect to enter upon a life to give compensation in some way for his great opportunity here.

There will be also a division in the future state into different grades. Everything in this life points to that conclusion.

In every industry here, the good is separated from the bad.

Wheat is separated from the chaff, gold and silver from the dross, and sound fruits from the decayed, etc.

So we have grades in our educational, and military institutions.

No mercy is shown to those that fall below the coveted grade.

Doubtless the same will be true in the future accounting to which all are hastening.

These are what I consider logical deductions from a careful study of man and his relations to this earth.

An entry upon a future life can not be more mysterious than this first entry upon this life.

So he that can explain the first can also explain the second.

Therefore reason should accept the certainty of a future life from the fact of this present mysterious life.

Besides this, most people in all nations instinctively expect a future life.

Therefore we feel safe in our conclusion, that man is here only in a preparatory school where everything is for him, and that at his exit from this life he is to serve some higher purpose that will be opened up to him by the great benefactor and mysterious power that gave him existence, called nature.

TREATMENT OF PELVIC ABSCESS.

By Dr. O. C. Welbourn, Los Angeles.

Read Before the Eclectic Medical Society of California.

In the practice of medicine, as in other walks of life, we have a changing fashion, and at present there is a wild scramble to determine the aetiology of each form of disease which we may encounter. In the abstract this is a worthy ambition, but we must not lose sight of the fact that the patient is interested only in getting well, and that right away. Therefore, if the condition present is quite obvious and the cause somewhat obscure, it is a mistake to procrastinate unduly. Pelvic abscess is a condition often present and one which demands

early surgical attention. There has been an acute infection of some kind in some part of the pelvis, and there is now an accumulation of pus, and it is a surgical axiom that there is but one thing to be done when pus is present and in a cavity, that is to evacuate it at the earliest possible moment. There is one exception to this rule, but it is never found in pelvic abscess. It is undoubtedly very interesting to seek the course of a disease in a given patient, but this can be done quite as well after the operation as before.

Furthermore, there is plenty of time during convalescence. When treating a patient with an inflammation in any part or organ of the pelvis it always should be remembered that an abscess may form. Therefore, be watchful and make a physical examination from time to time with this thought in mind. The most common site is in the cul-de-sac and this is indeed fortunate. For when so located all that is necessary is to puncture the posterior vaginal fornix in the median line and there is at once a free flow of pus. Sometimes the abscess forms toward one side of the pelvis and then its evacuation is not so simple a matter. For there are the ureters and iliac vessels to be avoided, and, with the relation of all of the structures, more or less distorted, this is not a very easy thing to do. However, the abscess must be evacuated. After evacuation the daily use of a mild antiseptic irrigation is indicated. Sometimes it is necessary to pack the cavity with gauze which may or may not contain a stimulating antiseptic, in order to produce prompt healing. And the condition of the digestive and emunctory organs must be carefully supervised.

CLINICAL REPORT OF TWO CASES.

Dr. F. G. de Stone, San Francisco, Cal.

Read Before the California Eclectic Medical Society.

I present you two cases having some features out of the usual run of gynecological patients.

Mrs. W., aged 58, dark complexion, tall and very fleshy.

Patient complained of intense pain in coccyx, excessive shortness of breath, and general lassitude. Her immediate anxiety was due to the thick ropy, offensive discharge from the womb on inserting her finger; as there was history of cancer in her family much alarm was felt and she had decided to be operated on at once.

Examination revealed a large cauliflower excrescence projecting fully two inches from the mouth of the uterus. The

patient was very anaemic and evidently suffered from fatty heart. I advised a week's preparation in the hope that by getting the emunctories free, the heart would strengthen enough to bear an anaesthetic, but at the expiration of that time it was evidently too grave a risk and we gave up the idea of operating till better prospects of success presented.

There was a marked swelling of both the upper and lower limbs, some oedema of the lower eyelids although several chemical and one microscopic examination of the urine did not reveal disease of the bladder or kidney. Liver quite large and tender.

We now come to a peculiar feature of the case, the patient said that from sixteen years of age she had suffered from a severe pain in the extreme end of the spine; at times this would be so severe that she would be obliged to go to bed. She declared that at no time in all that period had she been entirely free from coxalgia.

Digital examination revealed the coccyx pointing backward, movable as if jointed, and pressure caused great agony. Placing the forefinger of my left hand well up in the rectum on a point that seemed to be a lump on the bone, and with the thumb of my right hand on the extreme tip of the coccyx externally, I gave a quick hard push; something popped like a pistol, the patient screamed and fainted. Examination when she recovered consciousness showed the coccyx pointing forward as it should and the lump had disappeared.

Question: Was it possible that there had been a dislocation all those years and that it reduced on pressure? How could the normal socket remain unfilled with tissue for so long a period? However, no trouble has been experienced in those parts since and a year has elapsed.

As anaesthetic could not be used I determined to try to reach the pedicle of the exeresence and snare it, which was accomplished after considerable work. The tumor when removed weighed two ounces. I cauterized the stump and then treated the inside of the uterus three times per week with pure *fe. chloride*; in one month all signs of disease and all foul discharges had disappeared.

During this time I gave her *per. orum atoxy*l by hypodermic in *min. VIII* doses three times each week. By fasting her three days every ten days I reduced her weight from 225 to 160 pounds; the heart resumed a normal condition and she made a complete recovery.

Case 11. Mrs. C., aged 30; dark, very small, weighing 102 pounds, very anaemic. Examination revealed a large tumor

weighing several pounds attached to the posterior wall of the uterus and involving the left ovary and broad ligament and while it seemed to be fibroidal in character subsequent development showed it to be partially cystic.

Patient had seen twelve doctors all of whom advised operation, as did I, but she refused, saying no knife for her. Menstruation though not painful, was irregular. The whole mass was bound down firmly on the posterior wall of the pelvis, so firmly indeed as to make it impossible to move the parts, yet the rectum was not interfered with and the action of the lower bowel was regular. I called two other physicians in consultation both of whom advised operation, but still the patient reiterated her position and asked me to do what I could for her with other methods, which I agreed to do.

With a King vibrator I operated over the tumor fifteen minutes daily and used high frequency static electrodes in rectum, twice each week. Using in addition thiosanamin by hypodermic and the medicines that seemed to be indicated as symptoms changed.

Nothing of note occurred for two months, then the patient took to her bed for a week with bleeding from the rectum and large quantities of mucous-pus amounting to half a pint passed from her; during this time the pain in rectum was severe.

On again resuming treatment I found that the tumor had materially decreased in size. Several months elapsed, slowly a general improvement took place; the patient began to resume her duties, a better state of health took place. During several months she had three of those bad spells, but each time saw a reduction of the tumor and better health.

The treatments were now discontinued the tumor having reduced to about the size of a closed fist and forming a hard mass immediately behind the bladder.

Six months later the great fire came; the patient attempting to drag a trunk out of danger strained herself, pains low down in the pelvis came on, and tenseness of the bladder with scalding urine almost unbearable.

The case was brought to Alameda and placed under my care; nothing seemed to relieve the pain, till finally on the fourth day a large mass of viscid ropy matter passed from the urethra.

The mass was the size of a large Eastern oyster and of the same consistence. Immediate improvement set in and she made a complete recovery. While the tumor has not disappeared it is not larger than an egg and gives no trouble.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE ERA OF REFORM.

For some years there has been a growing spirit of uneasiness, of discontentment with the existing order of things. Whether we are considering politics, religion or medicine it is all the same for each has a lusty squalling reformation under way. Ordinarily the specific end sought to be gained is not reached and in this sense the reformation is a failure. But on the other hand the people have been educated and their thoughts crystalized and as a result they become better citizens for a republican form of government. In this State political reform has had a hearing with the result that Abe Ruef, a one time political boss of San Francisco, has just begun a sentence of fourteen years in the penitentiary, for bribery, and the newspapers state that Cincinnati, a town once the residence of many of our readers, is stirred by the same ferment and as a result Geo. B. Cox, who has been its political boss for these many years is under indictment for perjury. To be sure it so far is only an indictment but as Professor Lloyd is one of the grand jurors who did it we may feel assured that there is a reasonable chance of conviction. It is not possible to convict all men who are guilty of such practices, but a sincere effort to do so exerts wholesome influence upon the future of our form of government.

A good many years ago there was a reformation in medicine and the Eclectic school came into being. By some we are still spoken of as reformers, but this is not true in the usual acceptance of the meaning of the word. As a body few of the present generation have the real reform spirit. As a body we are quite content to just drift along. Furthermore, we are so closely allied to the "regulars" in the operations of our various State laws that very few of the laity recognize any distinction of importance. The real active reformers are the so-called "drugless healers." They are the people with the brass band, and they have caught the eye and ear of the public. Furthermore, they are likely to keep it unless we manage to choke off this propaganda for a State medicine. Why we should be lukewarm in our opposition to State medicine is beyond the ken of the writer. This is a republic and a republican form of government must prevail. Its citizens are highly educated and each man thinks he knows just as much as his fellow and sometimes a great deal more. State medicine is a paternal form of government pure and simple, and it is in a form most antagonistic to the welfare of the home—the authority and supervision of the parents over their respective children. In this State the effort to pass such a law has aroused intense opposition from the people. An opposition which certainly has the sympathy of Eclectics and others who believe in medical freedom. But as intimated above this fact is not sufficiently well known by the laity and we are receiving unmerited opprobium. While it is true that we believe in drugs, probably more sincerely than any other school of medicine, yet it is also true that we believe in freedom of individual opinion which is the inherited right of every citizen. And if a reformation is necessary to maintain that right then we stand with the reformers.

THE PRACTICE OF MEDICINE.

In looking over the laws of the various States to determine what is meant by the practice of medicine, one is confronted with a veritable conglomeration. No two States have any approach to the same definition. In some a person must open an office or give out that he is practicing or going to practice medicine. In others the question of remuneration comes in to decide, so that unless a fee be demanded or expected there is no practice of medicine. In others the placing of titles, which vary greatly by the way, means that the person is practicing medicine within the meaning of the enactment.

Thus, John Jones, A.M., M.D., LL.B., a lawyer of Oregon,

and practicing law exclusively may be haled before the medical board for examination because he is practicing medicine, since he uses M.D. after his name. He may only use A.M. safely because there is no board that says he shall not announce to the world that he is a master of arts, but he unfortunately graduated in medicine.

Rev. William Williams, A.M., M.D., D.D., is practicing medicine within the meaning of the Arkansas law, even though he never made a prescription except for the souls of his parishioners.

Professor Jones, of a Delaware College, is practicing medicine because the use of the word Professor may "imply or designate him as a practitioner of medicine."

Aunt Susan Hopkins, of Illinois, is liable to prosecution because she tells her husband, Hiram, that he needs some Castor oil and fixes him up a dose, because she has treated and prescribed for a physical ailment, which was not an emergency.

Grandmother White, who has diagnosed worms in little Johnnie and given him some Santonine therefor, is liable to arrest and fine in Michigan because she has "attempted to diagnose, cure or relieve" a "disease, ailment, defect or complaint by prescribing or furnishing a drug." Who is to prove that Santonine is a "domestic" remedy?

The New Jersey law is a peach in its completeness of definition. There any one who among other things "sells for the use of any person or persons any drug or medicine or other agency or application for the treatment or cure or relief of any bodily injury, infirmity or disease" is practicing medicine within the meaning of the act. A strict enforcement of this act would, in spite of the clause exempting pharmacists, close the doors of every druggist in the State. Druggists' clerks in most States do the most prescribing.

In Nebraska any one who operates is regarded as practicing medicine. The grammar is not up to standard, hence a person who operates a moving picture machine might get himself in trouble.

The Arizona law is a comedy in itself. It aims at completeness, and it certainly attains it. For instance, in regard to remuneration, it says: "For hire, fee, compensation or reward, promised, offered or expected, received or accepted, directly or indirectly." They should have included wages, emolument, honorarium, salary and stipend, and then there would be no danger whatever on this point. In order to escape being a physician in this State one must not claim abil-

ity and willingness to prescribe or administer any drug, medicine, treatment, method of practice, or to perform any operation, manipulation, or apply any apparatus or appliance for cure, amelioration, correction, reduction or modification of any human disease, ills, deformities, defects, wounds or injuries." We note here only the omission of maladies, distempers, morbo-sites and festers.

It is probably not easy to formulate a definition of the practice of medicine that will satisfy all legislatures, but this would be infinitely easier than to formulate a definition that will satisfy all schools of medicine.—"Medical Century."

KIPLING ON MEDICINE.

"It may not have escaped your professional observation," said Rudyard Kipling in a recent address before a London medical audience, "that there are two classes of mankind in the world—doctors and patients. I have had some delicacy in confessing that I have belonged to the patient class ever since a doctor told me that all patients were phenomenal liars where their own symptoms were concerned."

Mr. Kipling went on to say that "the average patient looks upon the average doctor very much as the non-combatant looks upon the troops fighting on his behalf. Your army is always in action, always under fire against death. Of course it is a little unfortunate that Death, as the senior practitioner, is bound to win in the long run, but we non-combatants, we patients, console ourselves with the idea that it will be your business to make the best terms you can with Death on our behalf; to see how his attacks can be longest delayed and diverted, and, when he insists on driving the attack home, to see that he does it according to the rules of civilized warfare.

"It has long been decided that you have no working hours that anybody is bound to respect, and nothing but your extreme bodily illness will excuse you in the world's eyes from refusing to help a man who thinks he may need your help at any hour of the day or night. Nobody will care whether you are in your bed, or in your bath, or on your holiday, or at the theater—if any one of the children of men has a pain or a hurt in him you will be summoned. In all times of flood, fire, famine, plague, pestilence, battle, murder and sudden death it will be required of you that you report for duty at once that you stay on duty till your strength fails you or your conscience relieves you whichever may be the longer period. This is your position. These are some of your obligations, and I do not think that they will grow any lighter. Have you heard of any

outery against those people who can really afford surgical appliances and yet dodge around the hospital for free advice, a cork leg or a glass eye? It seems to be required of you that you save others. It is nowhere laid down that you need save yourselves.

“You have been and always will be exposed to the contempt of the gifted amateur—the gentleman who knows by intuition everything that it has taken you years to learn. You have been exposed, and you always will be exposed, to the attacks of those persons who consider their own undisciplined emotions more important than the world’s most bitter agonies—the people who would limit and cripple and hamper research because they fear research may be accompanied by a little pain and suffering.”—Ex.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Wellbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, March 7th, at the usual hour and place. In the absence of the president Dr. Munk presided.

The attendance was small perhaps due to the inclemency of the weather. Dr. Lawrence read an interesting paper entitled “Differential Diagnosis.” Afterwards Dr. Hubbard and others discussed the same.

The next meeting will be held on April 4th, at which time Dr. Hubbard will read a paper. Adjournment,

J. F. BARBRICK, President.

P. M. WELBOURN, Secretary.

THE SOUTHERN CALIFORNIA ECLECTIC MEDICAL ASSOCIATION.

The fifteenth annual meeting of the Southern California Eclectic Medical Association will join forces with the Los Angeles County Eclectic Medical Society in holding a Union Meeting Tuesday, May 2, 1911.

The members are called to meet at 10 a. m., in Assembly Hall, California Eclectic Medical College, 337½ South Hill street, Los Angeles. There will also be an afternoon session.

The Southern California Eclectic Medical Association membership covers all the counties which go to make up this garden spot of the Southwest.

It is desired that every member be present at the morning session and when the roll is called you may answer "Here am I." Not alone is your presence desired but every member is invited and urged to prepare and present a paper upon some live subject. We have some excellent papers promised. May we not have yours? Please send title to the Secretary not later than April 18. You will miss some good things if you fail to attend.

Let us anticipate the meeting of the State Society and begin to plan "right now." Get into the harness early and "stay in late," don't stop till every last fellow has attended this "Union Meeting" of the Southern California and County Societies, the State Meeting at San Francisco and keep on going till we reach the National at Louisville, Kentucky, in June.

These are times of progression, and insurgency is the order of the day, but to insure the success of our organization we must also "stand pat."

In the re-organization plan of the National, the local societies are the units and in order to maintain the dignity and independence of the Eclectic School in Medicine it behooves every one marching under the banner of Eclecticism to be up and doing, lest we be "absorbed" by the tranquility of our own lethargy into condition of somnolence and complete anesthesia.

Every Eclectic adherent in the Great Southwest should become a member of the Southern California Eclectic Medical Association. We need your influence and co-operation in maintaining these societies for the promulgation of the Eclectic system on the Pacific coast. The college needs your encouragement and deserves your patronage since its mission is to prepare students to fill the places in the ranks of the profession from time to time. Time is passing rapidly, we must have new re-

cruits; if you have prospective students with proper preliminary educational requirements send them along to the Dean, and he with his faithful corps of teachers who compose the faculty of the college will do the rest. If you have a neighbor Eclectic who does not belong to our Societies induce him to join us in the work.

Come with us and we will "do thee good." We need you, Doctor, and you need us.

Our worthy President, Dr. A. P. Baird, having resigned and retired from practice and is now preparing to take an extended European trip, this meeting will be in charge of our excellent and well-beloved vice-president, Dr. Hanna Scott-Turner of Pomona, who is doubtless the most popular "Woman in Medicine" on the entire Pacific coast.

Remember the date, Tuesday May 2, 1911. Bear in mind the place, Assembly Hall, College Building, 337½ South Hill St. Don't forget the hour, 10 a. m., with an afternoon session.

The secretary will be glad to receive your dues for the current year (as well as past dues) if overdue and payable.

Luncheon will be provided "for the faithful." Come! The ladies are invited. Bring your family and stay all day.

DR. W. J. LAWRENCE, Secretary.

A LETTER.

Redlands, Cal., March 16, 1911.

Dear Doctor:—Just a letter about the State Eclectic Society. We are making a special effort this year to get in touch with every Eclectic in this State, to increase our membership, and reorganize the Society, making it a help and credit to every Eclectic in the State; hence this letter.

The Society is asking, in fact, **demanding**, the loyal support both morally and financially, of every Eclectic. The dues are \$7.00, which include the initiation fee, and the first year's dues to both State and National Societies. Send same to Dr. Dougall, Secretary, and say you will be with us at San Francisco at our meeting in May.

As a graduate of the _____ College, Class of _____, why are you not a member of your own State Society? Why don't you come in and help?

We have a fine set of officers this year, and the promise of a good meeting, so "Come in, the water is fine."

Yours very truly,

H. FORD SCUDDER,
Corresponding Secretary.

OUR STATE AND NATIONAL MEETINGS.

The time of our State and National meetings is rapidly approaching. Nearly, if not all, of the meetings of the State societies occur in May and the National meets in June. The California Eclectic Medical Society is called for May 23-25, in San Francisco and the National Association on June 20-23, in Louisville, Kentucky. It is none too early to begin now and prepare for this work.

There is great need for a revival of interest and the arousing of our physicians to renewed activity in our beloved cause. Let the Eclectics of California carefully consider this matter, renew their allegiance and resolve that they will do more this year than they have ever done to promote the interests of our State society and of the National Association. Vital interests are at stake and important questions must be decided at the annual meeting. A large attendance and a full program is desired that the time may be profitably spent.

The State society has nominally a large membership but comparatively few that are in good standing owing to a lack of interest and the non-payment of dues. Let those who are interested and active confer with the lukewarm and persuade them to renew their interest and loyalty for the good cause of Eclecticism by attending the meetings and paying whatever is due the society. Every individual member should devote himself to making the coming meeting the best in its history. Do not wait to be solicited to work, but begin now to prepare a paper to read at the meeting.

The principles on which Eclecticism is founded are fundamentally true and are worth preserving. At the coming meeting full affiliation of State society with the National Association under the new rules of re-organization must be completed. It is also expected that a good representation from the State will be present at the National convention in Louisville next June. Many questions of both local and general interest will come up for discussion at these meetings that must be settled. Let every loyal Eclectic heed and respond to the call of duty for the cause he has espoused. If any member feels wobbly or weak kneed, let him brace up and make a fresh start. It is said that nature abhors a vacuum and by the same token the world despises a quitter; therefore stand firm and be a man!

J. A. MUNK.

COLLEGE ITEMS

J. T. Barbrick, M. D.

What's the matter with the C. E. M. C. student body of '10-'11? Is it all right? Well I guess yes, if their Washington's Birthday entertainment is a criterion to go by. This was the first function held by the student body as a whole since its organization and it certainly was a great success in every way. The entertainment part was not only most entertaining and a rare treat to all present but gave opportunity for the students to show their varied abilities and talents other than those they use in their everyday studies and duties. With one or two exceptions the exercises were rendered entirely by the students and consisted of the reading of an original Washington's Birthday poem by Sprehm, '13, which did justice to the subject, was imbued with patriotic feeling and showed not a little poetic ability; the singing of that ever delightful song, "Old Black Joe," and other baritone selections by Hill, '14, was a treat; the comedy recitations by Caryl, '14, convulsed the audience and the club swinging by DeAngeles, '13, to the dreamy rhythmic swaying Spanish music was the "poetry of motion." Of those outside friends who kindly assisted, the piano selection by young Henson Garrett was exceptionally notable; the vocal solo by Miss Dill was sweetly and charmingly rendered and the reading selections from the poems of Paul Laurence Dunbar by Attorney Tyler were given so splendidly the audience was not satisfied until three encores had been given.

The surprise of the evening came in the shape of a college song composed especially for the occasion and sung by Miss Margaret Barbrick. The words follow and are adapted to the music of the chorus of "What's the Matter with Father":

Dedicated to C. E. M. C. by Miss Barbrick.

What's the matter with C. E. M. C.? She's all right.
 What's the matter with C. E. M. C.? She's all right.
 The college that makes Eclectic M. Ds.
 The doctors who always cure and please.
 Oh, what's the matter with C. E. M. C.? She's all right.

What's the matter with the Faculty? It's all right.
 What's the matter with the Faculty? It's all right.
 Men and women of skill and renown,
 They're true Eclectics every one,
 Oh, what's the matter with the Faculty? It's all right.

What's the matter with the students? They're all right.
 What's the matter with the students? They're all right.
 Senior and junior and sophomore,
 Freshmen and specials by the score,
 And next year we'll have a great many more,
 So what's the matter with the students? They're all right.

Then give three cheers for C. E. M. C., for she's all right.
 Then give three cheers for C. E. M. C., for she's all right.
 She's the college we all hold dear,
 And for her great future we have no fear,
 So give three cheers for C. E. M. C., for she's all right.

Encore Verse.

Oh, what's the matter with our dear old Dean?
 He's all right.
 Oh, what's the matter with our dear old Dean?
 He's all right.
 He's the pillar of strength upon which we lean,
 No other college has such a Dean.
 Oh, what's the matter with Dr. Munk? He's all right.

This with the singing by the audience of "My Country 'tis of Thee," led by Misses Dill and Barbrick, closed the entertainment, after which light refreshments were served and dancing was on until midnight for those who cared to stop and enjoy it. There was a large crowd present and the affair was most successful and enjoyable. What with the good time and new college song to stimulate them the college spirit certainly was rampant among the boys and girls when the midnight hour and closing time came.

In the words of Sandy McNabb: "It was a splendidus affair."

NEWS ITEMS

Dr. H. Ford Scudder, Redlands, was in the city recently in the interests of the State Society.

Dr. Axil Emil Gibson is building a Sanatorium on grounds located just south of Beaumont, Cal.

Dr. J. A. Munk has returned from a ten days' trip in Arizona, where he attended the celebration of the completion of the great Roosevelt Dam.

Dr. M. N. Woolley, for many years an Eclectic practitioner in Indiana and Texas, and at one time a resident of Claremont, Cal., died at his home in Alva, Oklahoma, in February.

Dr. A. O. Conrad is attending to his practice after a va-

cation of five weeks spent nursing broken bones in his foot, the result of a bad fall.

ANOTHER GIFT OF BOOKS TO THE COLLEGE LIBRARY

Mrs. E. M. Crawford, of Santa Monica, California, relict of Dr. J. W. Crawford who died some time ago, donated her husband's medical library to the California Eclectic Medical College. It was recently delivered to that institution in six large boxes and will soon be shelved and ready for service. This is a valuable addition to the college library and will be very useful to the students for study and reference. Mrs. Crawford has the hearty thanks of the Faculty for her generous gift.

DR. MUNK HERE.

Dr. J. A. Munk, president of the National Eclectic Medical Association, is among the distinguished men who have reached Phoenix to attend the dedication at Roosevelt on Saturday. Dr. Munk is a former resident of Willecox, and in addition to possessing the highest honors in his profession is the collector and compiler of the largest collection of Arizona literature extant. Dr. Munk was thirty years making his collection, which has now been presented to the Southwest museum at Los Angeles. Dr. Munk is being welcomed by many friends in Phoenix. He will accompany the territorial historian Miss Sharlot Hall to the dedication.—(Ex.)

The California Eclectic Medical Journal

Vol. IV

MAY, 1911.

NO. 4.

Original Contributions

RECTO-VAGINAL MYOMATA

M. S. Aisbitt, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society)

This disease is characterized by a tumor in the walls of the rectum and vagina, situated in the musculatures or in the intercellular tissues. The tumor may be large or small as the case may be. If the inflammation be very heavy and extensive either in the rectum or vagina it will, in all probability, blend the two walls together. Hence the name.

Causes—Inflammation in the rectum, superinduced by hardened feces, constipation causing a pressure on the venous circulation.

Vaginitis, excessive coitus, the misuse of instruments, transforming normal cells into abnormal ones, computing their composition which gives rise to the morbid growth. A morbid cell or cells will secrete matter and build up their organization until something is done to change the procedure.

If the tumor is not held in check it will keep on growing until it ocludes the rectum and vagina.

Diagnosis—There are other diseases that have their origin in these parts that simulate Myomata such as carcinoma, an abscess, induration of the tissues. An abscess is yielding to the touch, carcinoma is indurated and nodulated and Myomata is smooth.

I will cite a case for treatment. Mrs. R. came to me to be treated for piles or hemorrhoids, as she termed it, stating

she had been under a doctor's care for considerable time but had received no benefit. The doctor wanted to operate on her but she refused. I examined her for hemorrhoids and failed to find any, but the sense of touch struck this abnormal growth. It was hard and unyielding and projected into the rectum. I explored the vagina and found a similar tumor projecting into the vagina. It was also hard and unyielding to the touch and occupying both musculatures. It was painful and about the size of a hen's egg.

Treatment—There are two methods of treatment for this disease, absorption and surgical. The absorption procedure should have the preference. In the majority of cases of this kind you will find the patient to be enemic and will require a constitutional as well as a local treatment. The constitutional medicines should be strychnine, iron, quinine in their various forms together with phytolacca, echafolta, stillingia and such others as will aid nature to take up and absorb the tumor. The above mentioned medicines should be given alternately. The bowels should be flushed frequently and the feces should be kept in a soluble condition with saline purgatives.

Local applications to the tumor in the rectum and vagina should be made night and morning with such medicines as will sedate the growth. Nothing stimulating should be applied except warm water. If we expect absorption to be a success all irritation should be removed from the tumor. In this case as in others I have treated with success, I applied aconite, phenol, thuja on pledgets of cotton and should be changed night and morning and in such quantities as will produce anesthesia of the parts which is the chief principle in the absorption plan. Make the tumor insensible to the touch by the local sedatives. The patient should have a good nourishing diet.

Should you fail to produce absorption of the tumor and you have to resort to surgical treatment the operation would have to be performed on the vaginal side. If the tumor should be very large you perhaps will have some trouble in closing the aperture, not having enough tissue. The surgeon will have to be very conservative with the knife or the case may turn to a recto-vaginal fistula. Reserve all the tissue you can, keeping in view the future aspects of the results of the operation. After the operation treat the case according to the technic of surgery.

DEDICATION OF THE ROOSEVELT DAM

J. A. Munk, M. D., Los Angeles, California.

Everybody has heard about the great Roosevelt Dam and knows that it is located in Arizona. It was recently completed and dedicated on March 18th, 1911, by the man whose name it bears. The dam is the largest completed project of the Reclamation Service and marks an epoch in the history of irrigation in the arid region. The dam cost \$3,500,000.00 but with all the other improvements that go with it—the wagon road from Phoenix to Globe, electric power plant, Granite Reef diversion dam and distributing canals—all aggregate the enormous sum of \$8,000,000.00. The dam was built to save and store the flood waters of the Salt River in central Arizona and to furnish a regular and permanent supply of water to the farming lands in the Salt River Valley, which is one of the most extensive and fertile valleys in the world.

The Tonto Basin in which the dam is located has much wild beauty and an interesting history. The whole country may be said to stand on end and is exceedingly rough and rugged, with scarcely a bit of level ground anywhere but what has been artificially made. Nature has built the rocks and mountains of this region on a gigantic scale and the immense dam is in perfect harmony with its Titanic surroundings. When it was first proposed to build a sixty mile mountain road from Mesa to the dam site in the Tonto Basin, men who were familiar with the difficulties of the country said it could not be done. They reasoned that it was impossible to build such a road through a country that could not even furnish a simple trail; but the scientific men of the Reclamation Service knew better and with brains and plenty of money the road was soon finished. This road will be made a link in the transeontinental automobile road which is being planned, that will reach from the Atlantic to the Pacific. Aside from its commercial importance the Roosevelt Lake with its beautiful wonderful mountain scenery, is destined to become famous as a health and pleasure resort and, as Mr. Roosevelt stated in his speech, will attract thousands of visitors. It is one of the real show places of the Southwest that is of as great interest as the Grand Canyon of Arizona, the Yosemite Valley or the Yellowstone Park.

The dam is built in a deep narrow rock canyon on the Salt River, just below where the Tonto Creek empties. It forms a winding lake that is twenty-five miles long and from one to two miles wide. The dam is already two-thirds full

of water and, when filled, will contain 1,500,000 acre feet of water, which will irrigate 300,000 acres for two years. With such a reserve of water for use in dry seasons farming in the Salt River Valley is made absolutely secure and the future of Phoenix assured.

Frederick H. Newell is the Director of the Reclamation Service and Arthur P. Davis, who is locally known as the father of the project, is Chief Engineer. Louis C. Hill, the Supervising Engineer who is in charge of the work, has proven his ability to do things by the excellent work he has done. He has not met with a single failure, neither has there been the least suspicion of graft in the use of all the millions that he has handled in this work. Irvin C. Harris is the Chief Electrician and has charge of the power plant. When all the machinery is installed in the power house below the dam, there will be 9,000 horse power ready for delivery. After all the power of this vast enterprise is developed the large amount of 32,000 horse power will be available for service. What all this water and power mean to Phoenix and the Salt River Valley can scarcely be estimated, but time will fully demonstrate its great value. The men who engineered and built this monumental structure deserve every word of praise that has been spoken of them. It is a wonderful achievement and will stand as long as the rocks endure.

The Tonto Basin during pioneer days was a favorite haunt of the Apache Indians. Before these people were subdued they were great fighters and fought bravely for their homes and campfires, but with all their valor they were no match for the soldiers of Uncle Sam; and what few of them are left have abandoned the war path and become peaceable and industrious citizens of the United States. One of the most tragic events of savage warfare in this region was enacted in the Salt River Canyon in sight of the road that leads to the dam. The Indians had frequently committed depredations on settlers in the vicinity and in 1872 General George Crooke was sent out with instructions to either capture or kill the hostiles. After a long and weary chase through the rough mountains the enemy finally sought refuge in a cave high up on a cliff. They were summoned to surrender but refused to do so and bid defiance to their pursuers. The spot was well chosen and safe against direct assault from every direction. The soldiers took a position on the opposite side of the canyon and opened fire. They could not see the enemy but their shots were so aimed that the bullets glanced from the slanting rocks and hit the Indians in concealment. When

the fight was ended, seventy-six dead and wounded Indians—men, women and children—were found all piled up in a heap.

I have wanted to see the Tonto Basin for many years but never had the opportunity until now. I never saw the Arizona country looking more beautiful than at the present time and all the old settlers said the same. No better time could possibly have been selected for the dedication. There was an unusual amount of rainfall during the past winter which started every dormant seed and rootlet into new life with the magic result of covering the entire landscape with a living carpet of green and myriads of wild flowers. The country was a vast flower garden and I never saw so many flowers before in all my life. Great splashes of color, made by millions of flowers, could be seen on the landscape in every direction from desert plain to mountain crest. Some of the flowers like the California poppy, cluster lily and blue lupine were familiar friends, but many others were new and strange. The flowers represented every variety and shade of color imaginable, but the regal colors of purple and gold predominated. The sight was a delight to the eye and an inspiration to the soul. A sweet fragrance filled all the air as if the landscape were being sprinkled with some delicate perfume. Every turn in the road seemed to bring out some new scent to regale the olfactory sense. Seeing the desert during a drouth makes it hard to understand how any grass or flowers could ever grow in such a place. But when the rains come everything changes and grass and flowers spring up like magic everywhere; but they are short lived and disappear again almost as quickly as they came. All visitors were impressed by the scene that suggested the latent possibility of the land when water is applied to the soil.

It was sheep shearing time on the desert about Phoenix and large flocks of "four-footed locusts" were being herded out on the desert to take their turn in the shearing pens. It seemed like wanton vandalism to permit these woolly creatures to roam over and spoil such a lovely landscape—as if they were trampling down and polluting some beautiful new parlor carpet.

Our party left Phoenix by train and was picked up at Mesa by two heavy automobiles of the Reclamation Service occupied by Louis C. Hill, Supervising Engineer, and Irvin C. Harris, Chief Electrician, and their families. There was also in the party Sharlot M. Hall, the Arizona historian, literateur,

lecturer, desert traveler and best loved woman in Arizona. I was pleased to learn that she will soon have in press a book on the flora of Arizona, written in popular style, describing the flowers and telling of the legends and uses of the various plants among the natives.

VANITAS VANITATUM; OMNIA EST VANITAS!

Theodoro F. Benndorf, M. D.

Xicotlucatl, Tamp—Mexico

(Read before the California Eclectic Medical Society)

The State Board of Medical Examiners demanding a higher pre-education from the student, without demanding from the Colleges a more practical instruction in hospital and clinic.

It is all vanity and vexation of the spirit to give to a Doctor the Diploma of Doctor Medicum after a theoretical examination without any practical examination at all. I talk from my own experience in practicing in a small town where a doctor is compelled to dispense his own medicine. If any college, no matter of what name or character, has not the two or three years practical hospital or clinic service for medical students, such a college has no right to exist, be it Eclectic, Homeopath or Regular. All schools of medicine must have one standard regulated by congress. The medical examination must also be conducted by one authority by law of country; for that a diploma is the license in the U. S. all medical laws instituted by the several states are all unconstitutionally up to date.

When a citizen of U. S. A. has earned his diploma M. D. —by the constitution he has a right to practice in any state or territory and pursue his life and happiness at his pleasure —or, has not the shoemaker more privilege and freedom? He can go and do as he pleases—but the constitution says he has not! All men are equal and free, none shall have privileges, no law shall be enforced against his rights. Now if shoemaker can do as he pleases why! by God's grace! Am I menus than my fellow citizen the cobbler? or is he more. Has he privileges which are denied to me? Then we must admit that our profession is below zero. Even unto us has it happened like the laborer at the tower of Babel of old—we have disagreed among ourselves and our kingdom is not at peace in itself but at war and so must fall.

All the delusions of a higher standing of the medical men of the future is in reality vanity, vanitatum; omnia vanitas. It is not what we like; it is what we need! The American school of medicine and surgery (not Eclectic) is our sign board, our bride and Alma Mater. We citizens of the U. S. A. are free and our homes and schools are institutions of learning and liberty. We believe in God and recognize Christianity as the highest and noblest education of mankind. We love our profession as a calling and duty recognizing all methods or means or any fact by which we can heal disease, sickness and all infirmity of the body and mind. We are welcoming any secret knowledge or art in medicine and surgery and not only tolerate other schools of medicine and surgery but extend our hand of friendship and greeting to them. We by all means and in one body protest against the tyrannical, imprudent and unlawful conduct of the Allopathic school in acting as a schoolmaster and principal over our institutions which are under the control of the Government by the people as a nation.

THE DESTINY OF MAN

2nd Chapter.

Ovid S. Laws, M. D., Los Angeles, Cal.

In the first paper an effort was made to show what nature has done for man. That the "earth and the fullness thereof" was prepared expressly for him by nature. It now seems in order to make a special study of what is meant by nature to ascertain in a logical way what nature really is.

We all agree that man and all visible things are in some way the produce of nature. Now I propose to proceed in such a way that we will continue to agree. The normal man is endowed with the five senses, seeing, hearing, feeling, tasting and smelling by means of which we gain all of our knowledge and experience, all of our pain and pleasure in life. Nature then constructed all of those wonderful organs of vision so we can see by means of the light which must have existed before as the eye is adapted to it. Hence we conclude that nature is not blind but can see to perfection. Again nature has given us a complicated organ for hearing, by means of which we are enabled to hear our friends talk and enjoy the sweet harmonies of sound. We must all admit then that nature is not deaf but must enjoy this sense infinitely more than we can. The sense of feeling is scarcely less wonderful, enabling us to enjoy pleasure or suffer pain and must have

been experienced by nature. Likewise we must include tasting and smelling.

As we are the product of nature it is unreasonable that we can do things that nature cannot do or enjoy things that nature cannot enjoy; otherwise the product would be greater than the producer. We are endowed with ability to think, also the organ of speech that we may convey our thoughts to each other. Can anyone doubt then that nature can think and talk? Surely not!

These undeniable tributes give to nature a personality of infinite power, being able to transmit to us life and all its manifestations in a corporeal form so wonderful that we cannot explain it, the force of logic now compels us to believe nature is as much a personality as is man and not some blind invisible force working at random as many seem to think. We all talk about the laws of nature and admit that they are good and unchangeable by man. Such laws can be made only by an all-wise and all-powerful personality. The laws are good, therefore the maker is good from which we derive the word God which is the equivalent of nature.

All the manifestations of activity in this world, not delegated to man or usurped by the adversary, may be expressed by God at Work.

It is simply astonishing that men will speak in glowing terms about the laws of nature and the beauties of nature and yet treat with contempt the idea or existence of GOD, as if by any possibility of logic the two names can be made applicable to different beings. All that can be said of one can be claimed for the other and when I think of the immutable laws and glorious gifts of nature I give God the credit as the author thereof.

Besides the power to talk and think, man is given the power of choosing, the power of acting as a free agent which may be termed the working out of his own destiny at least in this life. He can be a blessing to his fellow beings if he so chooses or a curse to them and to himself. Surely there is no difference of opinion among us so far?

In the foregoing it is stated that nature has all the attributes of a personality bestowed on man, even to speech. Is it then unreasonable that the author of our being should speak to us and expect us to speak to him? If what has been said in the previous chapter and this is true, then it would seem utterly unreasonable that the creator would not in some way speak to the created. A great majority of mankind of all nations think that he has. Some have it one way and some

another but the most prominent and influential source of communication is claimed to be in an old book called the Bible. Up to this point I think we all agree but as to the Bible being a message from God many deny and call it tradition or superstition yet they are free to endorse the workings and power and gifts of nature. It is in order for them to show wherein the preceding lines of thought are defective and make a better statement. What they call nature we call Creator, Heavenly Father, the God of Heaven as synonymous terms. Why any should object to this seems hard to understand. The greatest and best men living or dead have accepted the Bible and the word of God who is the author of the laws of nature—the physical laws of God, the Bible containing the moral or spiritual laws.

My aim has been to get us all to see that nature has not only given us this present life but has told us of a future life which we could only infer from a study of man and what has been done for him as set forth in the first chapter. The Bible needs no defense from me. It seems able to take care of itself. Like its author it is indestructible, as proven when the most powerful government on earth a few centuries ago burned it and its readers with evident intention of its total destruction. But they utterly failed. It is here to stay while man stays and this fact strongly confirms its origin for in the book the author says "heaven and earth may pass away but my word shall never pass away."

Unaided by the Bible we cannot know of any life beyond the grave, which is the common destiny of all. There is almost a universal desire however for a future life and the Bible is the only book that claims to know anything about it. Hence its great popularity with those who believe it. In it we have a history of the origin of man, his career for several thousand years until the great teacher arose. He brought life and immortality to light showing that we are to have a future life and from him we learn that man is simply a tenant of this body that goes back to the dust of the earth. At death there is a separation of body and spirit. That part of the Bible called the New Testament gives plain instructions so that a man can easily learn how to attain a glorious future destiny or make a miserable failure. This is a matter that is much treated with indifference or utter neglect that I feel the need of a careful study of the subject.

The foregoing study has been written to prepare our minds for the following conclusions. The physical laws of God are steadfast and immutable and properly obeyed are

safe, salutary, but if disobeyed, whether wilfully or ignorantly, we meet failures, disease or death according to the law which is no respecter of persons. We must study the laws of nature in order to know how to obey them and be on the safe side. The same can as truly be said concerning the laws of our future life. Ignorance will avail nothing and indifference no more. In the great graduating exercises of the last day everyone will "receive according to their works whether they be good or bad." So as we are free to choose as we see fit, we may trample our chances underfoot and fail in the great examination or choose a happy eternal destiny conditioned on obedience to the divine law.

The Eclectic League for Drug Research.

VIBURNUM OPULUS.

W. Leming, M. D., Tucumcari, N. M.

Specific Indications:—CONGESTIVE STATES OF THE PELVIC VISCERA WITH SPASMODIC MUSCULAR CONTRACTION AND PAIN.

This is the drug Cramp Bark, and not the Black Haw or Viburnum Prunifolium. The two drugs have been greatly confused in their use and literature, but on account of their close similarity, no great harm has been done. The main difference lies in the fact that the V. Opulus is preferred where an antispasmodic is particularly needed; the Viburnum Prunifolium, where the nervine properties are most useful. Some practitioners prefer one drug, some another.

V. Opulus has made its greatest reputation as an antispasmodic where pain is the leading symptom. This is the active drug in the much advertised proprietary compound.

Dysmenorrhoea, back pains, bladder symptoms, all are relieved when this remedy is properly applied. It is useful in afterpains but possibly not so powerful as Macrotys. Cramp in the leg muscles is an indication.

G. R. Cooper, Texas, reports that rarely has more than one dose of one dram been needed to relieve dysmenorrhoea with cramping, sense of weight and bearing down pains, relief coming in half an hour as a rule. In miscarriage, if taken in time, contractions may be stopped, hourly doses of one-half dram being given. This is possibly the drug which called attention to the Viburnums in this condition.

As regards its power in controlling hemorrhages, one author says, "For all internal hemorrhages, it is the sheet-

anehor." Dr. F. M. Beale, Illinois, writes, "It will control all controllable hemorrhages." The use of the drug lowers blood pressure and relaxes the whole body. Apparently its power of controlling hemorrhages may be advantageously studied.

Viburnum has been advocated in spasmodic, colic conditions of babies but there are possibly better drugs in this condition.

It should be especially remembered in painful uterine conditions with irregularities. It may be combined with such general remedies as Scutellaria for the nervous system, or Hydrastis or Seneio for the muscular.

Reports are requested from physicians on *INULA HELLENICUM*, for May; *Phytolacca Decandra*, for June; *Aesculus Glabra*, for July.

GOSSYPII CORTEX.

John Uri Lloyd. *Phar. M.**

Cotton Root Bark, *Gossypii radiceis cortex*, is used as a stimulant and emmenagogue, the decoction being considered, in the days of American slavery, capable of producing abortion. It was thus introduced empirically by the negroes, and came from thence into the hands of the profession, being first employed by physicians of the Southern United States. Following this introduction, Wallace Brothers of Statesville, S. C., at the request of the writer (*Eclectic Medical Journal*, February, 1876, p. 70), forwarded to him a barrel of fresh cotton root bark preserved in alcohol. This was made into a fluid extract, and distributed to American practicing physicians, with the request that the results of its use be reported in contrast with the dried bark deemed by some to be inert. A summary of more than forty reports from practicing physicians, together with remarks concerning the preparation, of gossypium employed, was read before the Twenty-fourth Annual Meeting of the American Pharmaceutical Association, 1876. The paper, in full, titled "Fluid Extract of Gossypium Herbaceum," was published in the *Eclectic Medical Journal*, December, 1876, pp. 537-547. This treatise, together with the increasing demand from physicians throughout America, for pharmaceutical preparations of gossypium root bark, led to its introduction to the Pharmacopoeia of the United States. The credit for the discovery of its uses, as before stated, must be given to the negroes of the South.

*Lloyd Library Bulletin No. 18, will give a brief history of every drug of the United States Pharmacopoeia, 1900 edi-

tion. This bulletin, like other Lloyd Library publications, is not in general circulation, nor is it sold commercially, being designed solely for exchanging for the publications of Societies and Academies of Science. Extra copies will be printed for those who, before May 15, address, with One Dollar, "The Lloyd Library," Cincinnati, Ohio.

REPLY TO A FRIENDLY CRITICISM

By Dr. G. N. Harvey, Millville, Cal.

I just wish to say to Dr. Holton, and any others that may question my assertion in regard to the "intake of Nitrogen into the blood through the lungs," that modern science teaches many things that are not true.

Is there a ten year old boy in the land to-day that has not seen **some proven scientific fact** (?) overthrown, or at least very much modified?

Nitrogen is the basic element of all animal life, and of some forms of vegetable life, as the leguminous plants, for example. Investigation has proven that the above mentioned plants derive their supply of nitrogen largely from the air, and any school girl of fifteen knows that plants disassociate carbonic acid gas, inhaling and retaining the carbon and setting the Oxygen free, and she also knows, which is not true, that animals inhale and retain the Oxygen, but doesn't know, neither do the scientists, what becomes of the Nitrogen that is inhaled with it.

We inhale four times as much Nitrogen as Oxygen, and also exhale about as much Oxygen as we inhale, but it is mixed with twice its own quantity of Carbon and the balance of the Oxygen can easily be accounted for in the vapor-water that is made when the Oxygen unites with the carbon to form the carbonic acid gas.

Now if we breathe in a certain amount of Oxygen combined with a certain amount of Nitrogen, and we breathe out or exhale the same amount of Oxygen combined with a certain amount of Carbon, how much of it goes into the blood to supply Oxygen to that fluid? Oxygen is the servant of both Nitrogen and Carbon, for it cleans house for the Nitrogen and carries the carbon to its kingdom in some plant. This fuming menial, Oxygen, has been mistaken for the king himself, Nitrogen, because the scientists have caught him at work. At every breath, we inhale almost four times as much Nitrogen as Oxygen, and if it doesn't go into the blood and circulation, where does it go? It is never exhaled except in very minute quantities. It does not unite with any waste

compound in the lungs, like its servant Oxygen, therefore it must be absorbed into the blood for the nourishing of the body, just as it is in peas, peanuts and clover.

Nitrogen of the atmosphere is utilized in plants through the medium of microbes—see various Government Reports and scientific articles in the leading newspapers and magazines—and it is utilized in the animal body through the same means. Microbes are as essential to the perfect health of animals and human beings as they are to beans or clover. Let your scientists sit up and take notice here!

But we must get back to Oxygen or the printer won't have room for us. Atmospheric Oxygen when respired goes only as far as the ash pit—lungs—with his royal fellow, Nitrogen. Here it leaves him to pursue his way into the temple, and takes up its real labor as garbage gatherer and ash carrier, grabs its load of carbon, and in the effort, perspires so profusely that water is found in every exhalation from the lungs, and gets about its business of carrying this load to some plant and away from the blood. Instead of going in into the blood to oxygenize it, it takes the waste carbon compounds from the blood—decarbonizes it literally, and leaving it purified of waste, takes its load of ash to the plants, leaves it and after unionizing with Nitrogen goes back for more. Oxygen is the menial, the fetch and carry element, the servant instead of the prince as it has always been classed by the scientists.

Good red blood is always made from food and drink that is **mostly Oxygen** any way, and this same blood ever has free Oxygen gas floating in it. Then why should it need to be oxygenized over again by the Oxygen from the air? The body has three emunctories for the elimination of nitrogen waste and only one for carbon waste, which is it, and if the Oxygen don't take the waste out, how does it get out?

The blood does not need to be oxygenized for it is mostly Oxygen any way, but it does need to be **decarbonized**, and this can only be done by respired Oxygen which unites with the waste carbon compounds in the lungs, and is then exhaled as carbonic acid gas. By inhaling Oxygen and immediately exhaling it, combined with the carbon and water of the reaction, the blood is kept clean and capable of nourishing the tissues.

Oxygen is the active element, entering into every conceivable sort of compound within the body to make the blood and tissues, and then completes its work by removing the carbon waste resulting from this metabolism, through the only available emunctory, the lungs.

The blood is not oxygenized by the **Oxygen that we inhale**, but it is **decarbonized by the Oxygen that we exhale**.

CALIFORNIA STATE BOARD OF EXAMINERS.

Held at San Francisco, April 4, 5, 6 and 7, 1911.

CHEMISTRY AND TOXICOLOGY.

Answer 10 Questions Only.

1. Demonstrate that air is a mixture and not a compound.
2. Give the occurrence in nature, the preparation and the properties of hydrogen sulphide.
3. Give the names and formulas of four iodides commonly used in medicine.
4. What is the composition of baking powders? How are they adulterated? What is their mode of action? Give action by an equation.
5. Give the three recognized methods of the pasteurization of milk.
6. What are the chemical constituents of lemon juice?
7. Describe the Diazo-reaction and name the diseases in which the reaction is invariably present.
8. Give in detail tests for acetone and diacetic acid in urine. What does their presence signify?
9. What are albumoses and peptones? What is turpentine?
10. A poisoned person has dilated pupils; what poisons would you suspect?
11. What vegetable foods have been known to cause severe food-poisoning? Name poisons concerned.
12. Name the poisons commonly resorted to by suicides.

HISTOLOGY.

Answer 8 Questions Only.

1. Describe the human Graafian follicle and its contents.
2. Describe minutely an intestinal villus. Make a drawing of longitudinal section.
3. (a) Describe the various papillae of the tongue. (b) Describe and locate the taste buds. Make drawings.
4. What characteristics would enable you to recognize a section from the thyroid gland?
5. Name the varieties of cartilage found in the human body and describe their essential differences.
6. What do you understand by the polar bodies as applied to the maturation of the ova? What purpose or function do they serve?
7. What features would enable you to distinguish a transverse section through the mucous membrane of the vagina from a like section from the same membrane of the uterus? Make drawings.

8. Describe the microscopic structure of the pharyngeal tonsil.
9. Describe the relation between the bile capillaries and the hepatic cells of the human liver. Make diagram.
10. Name and briefly describe each of the different varieties of white blood corpuscles. Make drawings.
11. Examine slides.
12. Examine slides.

BACTERIOLOGY.

Answer 10 Questions Only.

1. Define briefly Complement, Opsonin, Agglutinin, Amboseptor, Toxin.
2. How would you diagnose a case of membranous sore throat (bacteriologically) and what germs might be found?
3. What is Wasserman's reaction?
4. What is the cause of the following diseases? Furunculosis, Epidemic Cerebro-Spinal Meningitis, Sleeping Sickness, Rabies, Glanders.
5. Discuss (not over one page) Fraenkel's Pneumococcus.
6. How is Plague transmitted?
7. What produces Trichinosis? How would you determine the diagnosis?
8. How would you determine the nature of a Dysentery? What different causes might be found?
9. You are given a sample of blood from a patient suspected of Typhoid, explain how you would determine the diagnosis.
10. Name 5 germs which are usually found in nasal catarrh.
11. How would you stain and examine a specimen of serum suspected to contain the *Treponema Palida*?
12. How would you make a bacterial vaccine in a case of Carbuncle?

ANATOMY.

Answer 10 Questions Only.

1. Name the muscles concerned in each of the various forms of club foot.
2. Name the structures indicated by lines in figure one.
3. (a) What arteries form the Circle of Willis? (b) Name the parts of the brain included within this arterial circle.
4. Describe the arterial anastomosis about the elbow joint.

5. (a) Describe the course of an obturator hernia, (b) Perineal hernia.
6. Show relation of stomach, liver, spleen and kidneys to the posterior parietes. Figure two.
7. (a) What are the anatomical conditions favoring dislocation of the shoulder joint? (b) What are the principal factors tending to prevent dislocation of this joint?
8. Name the structures indicated by lines in Figure three.
9. Describe the movements of the thorax as a whole.
10. (a) Name the principal structures that are in relation with the solar plexus. (b) Name five plexuses that are offsets of the solar plexus.
11. Describe the arrangement of the lymph nodes in the anterior and posterior mediastinum.
12. Give the relations of the esophagus.

OBSTETRICS.

Answer 10 Questions Only.

1. In the last days of pregnancy what anatomical landmarks and conditions would guide you in making a diagnosis of position of child excluding digital examination?
2. What are the conditions indicating the induction of premature labor and what do you understand by accoucheement force?
3. Describe the corpus luteum and its functions.
4. Give the management of arrested labor in twin pregnancy.
5. In major obstetrical operation what conditions would determine you in making a pubiotomy in place of caesarean section?
6. What do you understand by nubilty?
7. In the mechanism of labor describe the normal rotation of the head in (a) O. L. P. (b) O. R. P.
8. What do you understand by pathology of pregnancy? Give four illustrations.
9. What are the symptoms and clinical significance of incarceration of the pregnant uterus?
10. What conditions are necessary for probable success in external version?
11. Give aetiology and means of prevention of ophthalmia neonatorum. What is the explanation of the predominance of head presentations?

GYNECOLOGY.**Answer 10 Questions Only.**

1. The normal position of the uterus, and the mechanism of its support.
2. Pudendal hernia.—Varieties, contents, diagnosis.
3. Erosion of the cervix, diagnosis from ulcer.
4. Hemorrhoids.—Pathology, etiology, diagnosis.
5. What is the cause of fungous degeneration of the endometrium; symptoms.
6. What is a movable kidney? Etiology, diagnosis.
7. Pruritus vulvae.—Pathology, etiology, diagnosis.
8. Differential diagnosis between appendicitis and salpingitis.
9. Recto-vaginal fistula.—Etiology, diagnosis.
10. Tumors of the mammary gland, diagnosis. Under what conditions would you advise the complete removal of the gland?
11. Backward displacement of the uterus. Etiology, diagnosis.
12. What is cesarean section? What are the indications for its use?

HYGIENE.**Answer 10 Questions Only.**

1. Name all diseases that need quarantine and length of time that each disease should be quarantined.
2. What is the best method of garbage disposal in a city?
3. Describe purification and utilization of sewage.
4. Give seven preventative measures that should be used to lessen the spread of tuberculosis.
5. What hygienic precautions should be observed in a pregnant and parturient woman?
6. Into what general classes are foods divided? Give examples of each.
7. What are the injurious effects of the excessive use of tobacco?
8. What is meant by the term Typhoid carrier?
9. What should municipal authorities do to reduce infant mortality from digestive diseases in cities.
10. Give the prophylaxis of uncinariasis.
11. Define the duties of a school physician and give the advantages to a community of a medical inspection of schools.
12. Give six desirable factors in the location of a resort for consumptives.

PHYSIOLOGY.**Answer 10 Questions Only.**

1. What are the circulating fluids in the body and their relations to each other?
2. To what portions of the circulatory apparatus are vaso motor nerves distributed? (b) Mention two simple methods of demonstrating the existence of such nerves.
3. What are the effects of breathing (a) condensed, (b) rarefied air?
4. Describe the distinctive characteristics of the contraction of unstriated muscular tissue.
5. What is the function of the myelin sheath of nerves?
6. What are the functions of the spinal cord?
7. What is the significance of spinal reflexes as diagnostic signs?
8. Describe hemolysis and indicate what is meant by the terms "isotonic solution" and hemolysin.
9. Draw sphygmographic tracings illustrating high and low blood pressure respectively.
10. In what three important organs of the body is the existence of vaso motor nerves still an uncertainty?
11. Define, (a) catalysis; (b) enzymes.
12. What are the characteristics of the digestive and absorptive processes in the large intestine?

PATHOLOGY.**Answer 8 Questions only and Identify 4 Slides.**

1. Describe in what way the blood changes in pernicious anaemia differ from those found in simple anaemia.
2. What is the difference between toxins and ptomains in their chemical relationship; the difference in their clinical effects and name three bacteria responsible for each.
3. Describe the conditions predisposing one to cerebral thrombus. What blood vessels and what nerve centers are most likely to be affected and why?
4. Describe the conditions likely to be found in a neglected case of pleurisy at the end of ten days.
5. Describe the changes likely to be found in the kidneys in a case of nephritis resulting from an attack of scarlet fever.

6. What are the most common causes of acute dysentery; what parts are affected and what changes take place?
7. Explain fully how and why arterio-sclerosis affects the heart, the kidneys and the brain.
8. Explain why disorders of the urinary bladder are so common and so resistant to treatment in elderly women: (b) in elderly men.
9. Give the pathology of Adams-Stokes disease. At what age is it most likely to occur and the most common causes.
10. Explain the reasons for the persistent high temperature so often found in pulmonary tuberculosis.

GENERAL DIAGNOSIS.

Answer 10 Questions Only.

1. Give the symptoms of acute osteomyelitis.
2. Differentiate endocarditis from pericarditis.
3. Give the diagnostic signs and symptoms of aneurysm, involving the thoracic aorta.
4. What is the normal quantity of urine excreted by an adult in twenty-four hours, its reaction and specific gravity, and how does the urine differ from the normal in (a) parenchymatous nephritis, (b) diabetes mellitus, (c) intestinal obstruction in upper portion of intestinal tract, (d) tuberculosis of the bladder?
5. Give the physical signs and clinical symptoms of exophthalmic goitre.
6. Give the diagnosis of uncinariasis.
7. Write a brief description of syringomyelia.
8. Name the varieties of intestinal hernia and differentiate inguinal hernia from hydrocele.
9. Describe the symptoms of failing compensation occurring in an aortic stenosis.
10. Write a brief description of leprosy.
11. Name the cells found in normal blood and describe the blood picture in (a) acute suppurative processes, (b) presence of intestinal parasites, (c) pernicious anaemia, (d) chlorosis, (e) lymphatic leukaemia.
12. Differentiate acute cystitis from acute nephritis.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

SUMMER TIME.

Again the good old summer time is here. And, as usual, it brings with it those blessings to which we are accustomed. Sometimes it seems that the regular occurrence of a good thing is not an unmixed blessing. For the assurance of its return in a measure makes us obtuse to its benefits. And thus it is not amiss to recount our blessings from time to time.

The advent of spring with its promise of summer is a time for great rejoicing throughout most parts of the temperate zone. The return of the birds with their cheerful song, the springing up of the flowers with their beauties of form, fragrance and color, the re-clothing of the earth with a bright, new coat of green, each of these and many other things make glad the heart of man and for these things the heart of the lower strata of civilization rejoices. Also may we rightfully rejoice therein, though our mental development should warrant us to rejoice quite as well in more abstract thoughts. Thus it is fitting that we should rejoice that we live in a part of the world where liberty of conscience and freedom of speech and action are guaranteed by the fundamental laws of the land. Though it is well to remember that said guarantee is null and void unless a majority of the people not only believe in it but also insist upon

its proper enforcement. We are a busy people, and each of us goes his own way without much regard for what the other fellow is doing until it is such as to affect him personally. And sometimes he sleeps upon his rights. We are also a gregarious people and those of like belief or interest cling to each other. This has the effect that each supports the other and the whole is larger than the sum of its individual units. A mathematical impossibility, but true nevertheless. For this reason we become members of various organizations which exist for the purpose of promoting the welfare of those of like belief. And this is one of many reasons why every Eclectic should become a member of our various organizations and make its work his own work. Each man needs all the help that such an association with his colleagues can give him and each society needs the help of all of those whose interests it conserves. This help can be given in many ways, for there is work for all of us all of the time, but at this writing it is of especial importance that you should take an interest in the approaching annual meeting. Write to the secretary giving a title to a paper that you promise yourself to prepare, pay up your dues, make arrangements to attend the next meeting in person instead of in spirit—in short show the officers that you are still alive.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 2 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting was held at the College building, Tuesday evening, April 4th, with President Barbrick in the chair. The secretary being absent, Dr. Lawrence was appointed secretary pro tem.

The attendance was good. The paper of the evening presented by Prof. B. Roswell Hubbard, entitled "Neuralgia," was very interesting and included treatment, both medical and surgical. This paper elicited a very practical and lively discussion.

The coming meeting of the Southern California Eclectic Medical Association, and the State and National meetings, were brought to the attention of the members by Drs. Munk and the secretary pro tem.

Adjournment to June 6, 1911.

Dr. Aisbit will present the next paper.

W. J. LAWRENCE, Secretary pro tem.

PROGRAM

The Southern California Eclectic Medical Association, annual meeting, Tuesday, May 2, 1911, at California Eclectic Medical College.

Morning and afternoon sessions, beginning at ten o'clock.

President's address	Dr. H. Scott-Turner
Our College	Dean Munk
California Eclectic Medical Journal.....	Dr. P. M. Welbourn
State Society	Dr. J. Park Dougall
The "National"	President Munk
Clinical Report	Dr. L. A. Preece
An Unusual Case of Pregnancy.....	Dr. Jas. Beard
Stamping out Tuberculosis	Dr. O. S. Laws
The various causes of squint and its proper treatment....	
.....	Dr. M. B. Ketchum
The range of possibilities of local anesthesia in the execution of surgical work	Dr. B. Roswell Hubbard
Howe's amputation of the cervix uteri	Dr. O. C. Welbourn
A case of gangrene	Dr. M. E. Eastman
Non-specific urethritis	Dr. Almo De Monco
Los Angeles county society	Dr. J. F. Barbrick
Reminiscences	Dr. Orin Davis
The relation of man to the earth.....	Dr. M. S. Aisbit
	Dr. W. J. Lawrence, Secretary.

STATE SOCIETY MEETING.

The annual meeting of our state society is at hand. And we hope that our members from all parts of the coast will rally to San Francisco. Many of our men suffered badly in the catastrophe of 1906, so that when the earth had ceased to quake and the fire to burn, their losses were so heavy, it was really beginning the battle over again. But with characteristic energy they have renewed their toils, and today they are climbing to positions of comfort. The California legislature has adjourned, and it is generally admitted that the past legislature has been perhaps the best that ever assembled in our state. Never has there been so much legislation on moral lines. Temperance has been advanced. Gambling has received a severe blow. The qualified physician has not been interfered with much. It is true there has been some bluster, some smoke, but not much fire, on these lines as some feared there would be. The only real change apparent at present is the fact that the governor of the state will be able to appoint the medical examining boards without any assistance from our state societies; as long as we have a man in the governor's chair like Governor Johnson, I can see no harm in that. We have now two years in which to repair our fences. And to overthrow the machinations of those who would take away our liberties, and put all doctors under the control of medical boards of old school men, who would soon dictate the special treatment to which we must submit our children in the schools whether we like it or not. There was much work laid out for the benefit of the dear people, and they asked a good many thousands as a starter for doing it. And the men to whom these streams of money should go, were all well understood as usual. Now it behooves every lover of liberty and fair play to be on the watch. Let everything for the general good be aided, but fight all class legislation. There has been much talk of a medical bureau of health, the head of which shall hold a seat in the president's cabinet. This is entirely unnecessary in this country and should be opposed. It is a move of political doctors, who are anxious for official sinecures with salaries. Look at the men already holding such positions; these men are, many of them, anything but scientific physicians. Many allopathic physicians are as much opposed to these positions as we are. Then let us gather in Hotel Stewart, 353 Geary street, San Francisco on May 23rd, 24th and 25th. We will have a good time and confirm each other in the faith. Our state society is now joined with our national society, and we are more than doubly able to take care of ourselves.

JOHN FEARN, M. D., President.

CALIFORNIA ECLECTICS WAKING UP.

Dr. H. Ford Scudder, corresponding secretary of the California Eclectic Medical Society, is conducting an active campaign to ascertain the status of every practitioner of medicine in the state who is licensed as an Eclectic. He is receiving many answers to his letters and many curious replies.

It is estimated that there are about 300 physicians in California who have graduated from Eclectic colleges, but not all are affiliated with the state society, or are members of any Eclectic organization. This condition shows that there are many Eclectics who are not doing their duty, and Dr. Scudder is trying to find out the cause of their aloofness. Some new members have sent in their names, and many others have paid up delinquent dues. If this work continues in progress as much during the coming month as it has in the past month, there will be a satisfactory showing in membership at the coming meeting.

There is no good reason why every Eclectic in the state should not be an active booster for Eclecticism. We should at least let it be known that we are Eclectics and show our interest and good will for the cause. Every Eclectic should be a member both of the state society and of the National Association, as co-operation is essential to success. Speak a friendly word for Eclecticism whenever an opportunity offers. Be right on the subject yourself and then your influence will be right with others. The meeting in San Francisco this month promises to be the largest in many years; and with a good delegation present at the National in June, California will regain her lost prestige.

J. A. MUNK.

COLLEGE ITEMS.

J. F. Barbrick, M. D.

Well the school year '10-'11 is almost finished, and while it has been a long, hard, continuous nine months' grind of routine work, I do not think there is a student or professor in the C. E. M. C. who would have had it otherwise, although all welcome the relief from the strain the closing exercises will bring.

While our college has not yet reached the university size or stage which is considered necessary to permit us to vociferously howl about raising the standard of medical education, we in our calm Eclectic manner, are quietly raising the stand-

ard in the only practical way which is by teaching medical students medicine, and it is this ability and willingness to teach medical students medicine that has kept the Eclectic Medical colleges to the forefront and made the standard of Eclectic Medical education so high, and the Eclectic physician so successful in his practice.

Yes, Eclecticism has been and is raising the standard of medicine, but as it takes all its time to do it, it leaves the howling about it to the "larger universities," whose ideas of raising the standard, as one exchange puts it, is to "teach the medical student almost everything under the sun except medicine." So to the prospective student of medicine as well as those who have begun their course, I would say if you wish to study and be taught medicine and the highest standards of the practice of medicine, enter an Eclectic medical college. You will surely get there what you have been looking for, but you will have to work and study.

Dr. J. F. Willard, E. M. L., '85, our genial and enthusiastic Professor of Specific Medication and Diagnosis, celebrated his successful passing of the State Board's April exam by "blowing" the dinners for the faculty Friday, April 21st, at "The Rathskeller," and for the student body Tuesday, April 25th, at "Delmonico's," both of which occasions were thoroughly enjoyed by all present. We wish to express our hearty appreciation of Dr. Willard, not only for the little courtesies he has shown and which have endeared him to us, but for his loyal support of and splendid work for our school during the session just ending. We are extremely pleased to know that we will have him with us as a permanent member of the faculty hereafter. This is certainly fortunate as we feel that the C. E. M. C. is to be envied its success in obtaining for what we consider one of the most essential chairs of Eclectic medicine, a teacher who is not only an authority on and master of his subject, but one who sat at the feet of the old masters and received at first hand, so to speak, instruction in his branch. The best wishes of both faculty and students for your continued success are yours, Professor Willard.

NEWS ITEMS.

Dr. G. W. Finch has been in the hospital for a number of weeks, but we understand that he is now convalescent.

Dr. and Mrs. L. E. Russell and son, Springfield, Ohio, are making Southern California a visit and calling on their many friends.

“Surgery is the science of cutting and retaining the human body.”

Dr. Hanna Scott Turner, Pomona, is visiting her sister in Pittsburg, Pa. The doctor went east some weeks ago upon the death of her brother-in-law.

The thirty-second annual commencement of the California Eclectic Medical College will be held in the College Hall on the evening of May 18th.

Dr. Chase, St. Joseph, Mo., has returned to his home after his annual visit to California. The doctor has not been in active practice for many years.

Dr. J. P. Rice of San Antonio, Texas, is visiting in the city and attending to some private business. The doctor is pleased with the city and thinks some of locating here.

Dr. J. W. Willard, Colorado Springs, Colorado, who has been spending the winter in Los Angeles, tried the last State Board, and now the doctor's many friends are extending congratulations. Dr. Willard is a graduate of E. M. I. class of 1885.

Dr. J. A. Munk will attend the State Medical meeting of Texas on May 10 and 11. Upon his return to Los Angeles the Doctor will gather his party together and sail for San Francisco and the California State meeting. A goodly number of Southern California Eclectics have signified their intention of going to San Francisco.

“Emesis is phlegm which collects in the lungs while taking an anaesthetic.”

The annual meeting of the Southern California Eclectic Medical Association will be held on May 2nd at the college hall. An interesting program has been prepared which appears elsewhere in this issue. It is hoped a full attendance will be present as there are various important matters to be discussed at the meeting.

Dr. Henry Knox Stratford, of Austin, Illinois, has been spending some time in Los Angeles, visiting friends and enjoying the mild climate of Southern California. He has been a prominent Eclectic in Illinois for many years and was elected president of the National Association in 1884. In the beginning of his career he took a different course from the usual custom of the doctor that changes his professional affiliation. He first graduated from an Allopathic school, and afterwards took a degree in an Eclectic college, and has ever since stood firmly for Eclecticism. He is ninety years old, but is well and active and younger than the average man is at fifty. Let us hope that he may yet live many years to enjoy the fruits of his manly labors.

The California Eclectic Medical Journal

Vol. IV

JUNE, 1911.

NO. 6.

Original Contributions

OUR RIGHTS FOR EXISTENCE; OUR NEED OF ORGANIZATION

(Address to Texas Eclectic Medical Association.)

M. F. Bettencourt, M. D., President.

Our immortal Scudder, in his characteristic wisdom, once said that if every man were compelled to give a valid reason for his existence, the population of this old world would become markedly reduced. The continued call for dissolution of Eclecticism as a school in medicine brings up that pertinent question in regard to us. As a school, have we the right to live? In thundering tones I hear the voice of every faithful Eclectic throughout the land unhesitatingly cry out the word of affirmation. Yet every man, if in fear of a decree of death, would plead for his continued existence. If we must live, what reasons can we offer in our behalf? Facts and not the plea of mercy must decide our fate. While many other reasons might be presented, yet the following alone we deem sufficient.

We claim that Eclecticism has begun a work which, because of its merits, must be forwarded. We claim that it will take ages, nay centuries, to carry that work to completion. We claim that the aim of our work is not the gratification of selfish greed but an endeavor for universal good. We claim that dissolution of Eclecticism as an entity by its absorption into bodies not laboring along our lines nor following our principles would be equivalent to a speedy termination of the continuance of the endeavors along the lines the Eclectic has labored and a possible oblivion of the truths his research and investigation have disclosed.

Individuality as a school creates pride which is productive of results unobtainable without such existence. We ask no man to accept our creed if not convinced that it is superior to his, but we do ask for ourselves the right to the same privilege. We believe that the separate existence of schools in medicine with the co-existent differences of opinion stimulates investigation, because of a doubt of the truth in each other's belief, and that that investigation is the most direct route to the goal—truth. Doubt, in other words, stimulates research; research leads to the banishment of error and the establishment of truth, all of which is quickest accomplished by the separate existence of the "schools." Believing this to be true we therefore repeat, "Have we the right to live?" Is there need of an answer? Do not our patrons by their actions answer "yes"? Does not the informed world acknowledge a betterment in the truly medicinal part of medicine because of our existence? We declare our work but fairly begun, what reason can be offered for our discontinuing it? None. None being the answer, we therefore have the right and the conviction to answer the question in the affirmative. Furthermore we demand that right of existence as a God-given privilege and because our endeavor is toward world-wide good.

Every school in medicine has lived for a purpose and has a continued right to live. Allopathy has developed and is developing the fixed sciences in medical study for which we gladly give it praise. Homeopathy has given us much materia medica and has impressed the fact of the usual needlessness of the extremely large dose—a fact for which the world has reason to be thankful. Eclecticism has revealed the fundamental truths of "specific diagnosis" and "specific medication," and through its study of materia medica along these lines, has developed, is developing and must continue to develop the most rational and scientific system of medication yet evolved. Not until the curative power of the thousands of yet untried remedial possibilities have been clinically tested and studied and their specific adaptation to disease expressions firmly established; not until a materia medica capable of coping successfully with every ailment of mankind now considered incurable by the profession, has been evolved; not until the utmost simplification of the specific indications for the administration of drugs in disease and the complete elimination of all drug rubbish from the midst of the remedial treasures of the future has been accomplished; not until then, and then only shall Eclecticism feel convinced that its important mission to ailing mankind has been fulfilled and the time for its demise

has come because the goal—the truth—shall have been reached.

So much concerning our right to continued existence. With the aforementioned conclusion, however, arises another question of vital importance. Since we have the right to live as Eclectics, how can we best promote our growth and fight off the efforts at annihilation?

First in line come loyalty and organization. The two go together. Loyalty to a cause demands one's identification with its organization and, vice versa, one's identification with the organization is evidence of his loyalty to the cause.

From the earliest day men have banded themselves together under a spirit of loyalty for the purposes of mutual protection and advancement. The progress of civilization throughout the ages has been possible only through such assemblage under bonds of loyalty to one another and a feeling of mutual interest.

The union of families by mutual agreement has made the city. The ties of loyalty between cities have made the nations. "In union there is strength"; in strength lies the power of accomplishment. The ants, the bees, the birds, the fishes, the micro-organisms even have long ago learned the lesson. As Eclectics have we learned it? Upon every hand in all of nature's kingdoms association forcibly demonstrates itself as a natural law. We can not but feel grieved because of the realization of the fact that many of our kind have not yet awakened to this truth. They do not seem to have the least idea of what influence for good even their number alone would be in the obtaining of our rights or of what benefit to the cause their active work in the association could be. Inasmuch as the mission of Eclecticism has been that of accomplishment in medicine and as strength in numbers is an essential element in the power of accomplishment the need of close organization is evident. It is the best thing possible to Eclectics as a whole and unquestionably so to each individually. The existing apathy of many of our men is at present our most formidable foe; next in order as a power against our cause comes that inexcusable catering of some to the enemy, which act never results in good to the cause or to the individual and always ends by making of him a human chameleon in the hope that through his dual nature the character of his real self might remain a secret. Better that he go openly into the opposing ranks if conscientious conviction (a rare cause indeed) urges him there.

In Eclecticism, as in other subdivisions of nature, the same natural laws are constantly in operation, and in this

matter of "weak-kneeism" the law of the survival of the fittest is at work. Those who are best fitted to carry forward the Eclectic standard will remain true to the cause; those who feel themselves out of place in our midst will gradually fall in where they belong. Unquestionably, they, like those who have chosen to call us "irregulars," have come to the conclusion that an "irregular" in medicine is as a recruit in the army—a place of degradation when viewed from the "regular's" standpoint.

Fellow members, let us ever remember that Eclectics are birds of a feather; natural law says they should flock together and those who wander away or allow themselves to be coaxed into flocks of a different kind are apt to get sorely pecked and look badly defeathered when they finally decide it best to return. And too, they may then have lost their characteristics to so marked an extent that their own kind may find it difficult to recognize the species and with more pecks be inclined to drive them away. Brethren, think of loyalty. Where the tongue that can express its meaning. Stop a moment to view our Washington; then cast your glance upon Benedict Arnold and loyalty will need no explaining.

As a school in medicine our liberties have been yearly curtailed and judging from the apathy of many of our Eclectics one would conclude that those liberty-robber schemes had now entirely ceased. Let us not for one moment deceive ourselves by playing the fool trick of the ostrich. The hoary effort at our disfranchisement is now, by the wielding of deception under a friendly aspect, aiming at the eternal destruction of the minor schools with a strategy before unequalled. It is up to us to keep awake and to prevent, by the power of active organization, the passing of laws which would threaten our unquestionable right of existence.

Although smooth oratory was used to the contrary, one not dead to the present could not but see the unsuspecting-looking trap laid for the so-called "irregulars" in the recent well-planned "Owen Bill." Let us not for one moment forget that though that one foe may now be dead, yet that body which planned it and to whom our existence is displeasing, like the hydra-headed monster, has still many more heads at work. Look out for those acts promoted in the name of public good which would make supreme any one school in medicine.

The numerically minor schools are objectionable obstacles in the chosen path of a large proportion of the numerically major. Medical nihilism and doubt object to being confronted by medical enthusiasm and positiveness in drug action—espe-

cially so when actual practice shows reason for the elated feeling amongst the rebels. It is folly to tell us that there is no longer need of the minor schools. It is their enthusiasm in drug action that forces the nihilist to give medicine a second thought. They are the present day force which prevents medicine from a retrogression into the dark ages of medical barbarism. To prove this statement will require no debating if we will but view things as they really stand today in the various states of our Union. Without fear of successful contradiction we state that the present day laws (contrary to the general belief), favor medical nihilism and drug ignorance. Has it never occurred to you as a something remarkably strange that the **medical** student should attend **medical** college for the purpose of studying **medicine**; should be compelled to labor diligently for four years that he might receive the degree of "doctor of **medicine**;" should be required to stand a state **medical** examination before a **medical** examining board that the state might satisfy itself upon his proficiency to practice **medicine** and yet throughout this final and all-important test not one question be asked him upon the real subject—**medicine**? What in the entire curriculum of medical colleges is of more importance than medicine? If materia medica and therapeutics, essentially the very foundation of the practice of medicine, are of so little significance in the eyes of the state that they need not be given any attention in the final test, why should not the student become impressed with the thought that they are farces and after all but means of deception? Realizing that there will be no final test upon those subjects, why should not his already overworked brain neglect them in favor of some other study upon which a test will be given? Although already licensed to practice, why should he not administer to his first patient forty pounds of strychnine at one dose rather than the fortieth of a grain? And yet the state has tested and passed upon his proficiency to practice medicine! Can we not see where this is leading? Failing to obtain favorable results from medication, why should he not, like his leader, Osler, join the band of nihilists, discard drug therapy as a farce and then hail the knife as the cure for human ills? Pray, tell me, who is there endowed with reasonably good sense that can fail to see the absolute need of the minor schools?

Gentlemen, let us be loyal to our cause and ever active in our special field, freely giving the result of our research to all who will receive, holding malice toward none, but ever standing for our just rights. Let us ever use that broadness of vision

which will enable us to view with justice the good accomplished by others, give them credit for it and adopt its use wherever it surpasses our own resources, but let us constantly keep before us, as our guiding star, the fact that our mission is far from fulfilled and that as long as such is the case we will never tolerate the vile efforts at our annihilation. Let us ever remember that unanimous and harmonious organization within our ranks is imperative; that active work in the association by every Eclectic is a matter of necessity; and finally let us resolve that though the combined powers of the state and the medical majority turn against us, the conviction that **right** is with us shall keep us faithful Eclectics to the last.

ADDRESS ON BEHALF OF THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

J. F. Barbrick, M. D., Los Angeles, Cal.

Ladies and Gentlemen:—

As president of the Los Angeles County Eclectic Medical Society it is my pleasant duty to welcome the members of the Southern California Eclectic Medical Society, and I am gratified to see so many of the Sisters and Brothers assembled at this joint meeting.

Personally, I am in favor of such meetings, as they bring us in closer touch with each other, strengthen our interest in Eclecticism and tend to unify the cause for which we all stand. In union there is strength, and we need all the strength we can gain, although in thus speaking I would not have you infer that we are weak. In fact, just the opposite is the case, and right here I would like to say a few words about the present status of Eclecticism local, state and national. Here in our beloved southland the cause is certainly thriving. Our County Society is a virile one and constantly adding to its membership, watching every opportunity and improving every shining hour to advance the cause; the Southern Society, as is evidenced here, thanks to its beloved President Baird and hustling Secretary Lawrence, is certainly not behind in the procession; the State Society, under the able President Fearn and its business-like corresponding secretary, Dr. Scudder, is rattling the dry bones and making us all sit up and take notice; and the National, under the leadership of President Munk, surely has started a tidal wave of Eclectic enthusiasm that, extending from the Pacific to the Atlantic, is carrying us all on its crest.

Here in Southern California we are extremely blessed. Our societies are flourishing, our college is making remarkable prog-

ress, our men are building up reputations that already are more than local, even extending the length and breadth of the land in not a few cases and, take it all in all, the great progress I have seen made in the less than two years I have been among you, coupled with the present enthusiasm, makes me optimistic and leads me to believe that the future of Eclecticism will be even greater and more brilliant than its past.

I am pleased to have had this opportunity of expressing my sentiments, and I again welcome you, not only for the County Society collectively, but for each of its members individually, and I feel sure that this meeting will be a most profitable one for us all.

A FEW NOVELTIES IN THERAPEUTICS.

By Herbert T. Webster, M.D., Oakland, Cal.

Reading Dr. Eli Jones' new work, "Definite Medication," which, by the way, is replete with good things, I find several novelties—remedies with which the average practitioner is not likely to be familiar. The identity of these is important, and I have taken a little pains to place them. Thinking that my readers, as well as myself, might be benefited, I have made a few notes, which are presented for their consideration.

I have not taken the pains to discuss them in any regular rotation, either alphabetically or as they appear in the work. This is not essential, so long as the ground is covered. Few of those mentioned here will be found in any work on therapeutics published by any school of medicine. They are remedies which the author, being an independent investigator, has unearthed for himself in most instances, probably from hints which have been afforded him during forty years of active experience and close observation. Some men might practice medicine for a century, if spared that long, and learn nothing new; but they are not the salt of the medical world. We have a few tireless spirits, full of enthusiasm, who must naturally be the leaders in such work. This is not because they desire to lead, so much as because it is in them and they cannot help it. No pharmacology accompanies, or is contained in "Definite Therapeutics," and we must supply this ourselves.

One of the unusual remedies mentioned in this work is *myosotis symphitifolia*. Hale's New Remedies is the only work published which gives it any notice, except "Definite Medication," and yet I know from personal experience that it is a useful agent. It is a plant discovered in Indiana, introduced by a Homeopathic practitioner, Dr. Funk. As is most fre-

quently the ease, his introduction to it came through domestic practice. The old German farmer from whom he received his "tip," was using it with success in controlling the cough and expectoration of pulmonary consumption. He called it "sehwarzwurz," or black-root. Copious expectoration in chronic bronchitis, neglected pneumonia and phthisis seems to be its stronghold. Some excellent cures of desperate cases in this line have been reported by reputable practitioners. Dr. Jones recommends it in copious mucopurulent expectoration in the second stage of pulmonary consumption, in five-drop doses of the tincture, every two hours.

Another of the novelties referred to is **fagopyrum esculentum**. We have all been more or less familiar with this agent at breakfast time, where we have employed it in the form of hot cakes combined with butter and molasses, but we have hardly employed it as a medicine. If we have, we have been remarkably secretive about it, and failed to report to the medical journals, as is our duty. Fagopyrum esculentum is common buckwheat, though in medicine a tincture, probably of the fresh plant, is employed. Dr. Jones recommends it in yellow leucorrhoea, where there is itching of the parts covered with hair, and bruised, painful feeling in the ovaries. Three grains of the third decimal trituration every two hours.

Lathyrus sativus is the chickling vetch, chick-pea, or lentil of Spain. In olden times, when breadstuff was procured with difficulty during seasons of scarcity by the poor, the seeds of this plant were converted into flour for the preparation of bread, and lathyrism, or chronic poisoning of the nervous system, resulted; a disease characterized by spastic paralysis, chiefly of the lower extremities. Dr. Jones recommends it in multiple sclerosis, knee-jerk in transverse myelitis, and in paraplegia, in the third decimal trituration, three grains three times a day.

Caltha palustris is the marsh-marigold of Europe and North America. It belongs to the crowfoot family (Ranunculaceae). In "Definite Medication" we find it recommended in pemphigus, when the bullae are surrounded by rings, itch considerably, and form crusts on the third day. The second decimal dilution, in five-drop doses, every three hours, is recommended.

Phaseolus nanus or nana, is the common white bean. Dr. A. M. Cushing, a veteran and widely known Homeopathic physician of Massachusetts, in a communication to Ellingwood's Therapeutist, December, 1908, relates that when a boy, he stuck the tine of a hay-fork into his bare foot, and injured it

so much that grave fears were entertained as to the outcome. An herb doctor, who was called, split a common white bean and bound the split side dry on the wound. The pain from this application was at first so severe that he became delirious, but soon went to sleep, and awoke well. During fifty-two years' practice he (Dr. Cushing) has used it in similar cases, with never a failure to cure within a few hours, though the remedy at first causes severe pain. According to his statement, material doses give rise to excruciating headache, and powerful depression of the heart. In attenuations, from the fifteenth to the two hundredth, it unloads the system of accumulated water in the dropsy of albuminuria, and cures the nephritis; tones up the heart, and restores chronic nervous prostration or neurasthenia. In heat affections, in such cases, its effects are strikingly curative. Dr. Jones recommends it in weak heart and cardiac dilation, in the ninth decimal trituration.

Coccinella septempunctata is the lady-bird or lady-bug, a coccinellid beetle, usually black or reddish, spotted with red or yellow or with black, and hemispherical. It is employed as a medicine, and is recommended by Dr. Jones for pain in the forehead over the right eye, which is very sensitive to touch; cannot open his eyes during the paroxysm; pain worse from looking at bright lights. Add fifteen drops of the third decimal dilution to four ounces of water; stir, and give a teaspoonful every hour.

Cuphea viscosissima is the wax-brush or wax-plant. It is an annual hairy clammy herb, of the loosestrife family, nine to eighteen inches in height; common to fields and woods in the eastern part of the United States. It is sometimes called "clammy cuphea." We find it recommended in "Definite Medication" for cholera infantum, five drops of the tincture every hour.

Lolium temulentum is one of the grasses which was once probably accidentally imported from Europe with valuable seed. It is known, commonly, as **darnel**. It is an interloper, found growing among wheat and other grain. It produces a powerful influence upon the nervous system when taken in considerable quantity, causing vertigo, dizziness, and trembling of the extremities. Recommended by Dr. Jones for trembling of the hands in paralysis. Sixth decimal trituration, five grains every three hours.

Usnea barbata is a species of lichen found growing on trees. Recommended for those who are habitually attacked with headache on going out in the sun. Add five drops of the

tincture to half a glass of water and give a teaspoonful every fifteen minutes.

Vanadium is a rare, silver-white metallic substance or element, recommended in fatty heart complicated with diabetes or chronic rheumatism. Three grains of the sixth decimal three times a day.

Pothos foetida strikes us at first as a new remedy, but we find it an old name for skunk cabbage. Dr. Jones recommends it in hysteria, when there is bloating of the abdomen from gases, during the attack. Ten drops of the tincture three times a day.

Dolichos pruriens is but another name for *mucuna pruriens* or cowhage. We have never made much use of it except for its mechanical effect in the treatment of pin-worms, where it is a very good agent, administered in molasses. Dr. Jones recommends its internal use for intolerable itching all over the body, worse from scratching and worse at night. Five drops of the second decimal dilution three times a day.

"Definite Medication" is an excellent little handbook on Clinical Therapeutics, and ought to be in the library of every Eclectic physician, for ready reference in every "tight place." It is a **multum in parvo** of valuable therapeutic knowledge, well applied. Dr. Jones has had forty years' experience in the practice of medicine, and has, during all that time, been a tireless investigator on therapeutic lines. It is a pleasure to read this work.

I am not in possession of any of the old Botanic, Physio-medical or Thomsonian works on materia medica, where it is not unlikely the vegetable remedies mentioned here may be found. Possibly some of them may be mentioned in chance works on Homeopathy; but I have all the works on Eclectic materia medica and therapeutics except Jones and Scudder, and the leading Homeopathic authorities, and fail to find any of them in what I have. I also have an old edition of the National Dispensary, which only mentions one or two of them.

MENINGITIS.

A. J. Crace, M.D., Pasadena, Cal.

Read Before the California State Eclectic Medical Society.

In choosing this subject it is not with a view of contributing anything new in its pathology or etiology, but rather to create a discussion upon the most satisfactory treatment for its cure: a desideratum craved, but heretofore denied.

Within the past six months it has been my unpleasant experience to meet with five cases, four being in my own practice

and one in consultation; of these two in my practice died, also the one which I saw in consultation. Meningitis assumes various forms or types, and in the preceding list I would assume the one I saw in consultation, a boy of eight years, to have been of the tubercular variety. The family history on the maternal side was of tuberculosis, and in fact, the mother died of this disease since the history of this child's illness and death. It is useless to speak of treatment in this variety of meningitis as no form of drug therapy has the least value, curatively, and when such is assumed, we would express a positive opinion that a mistake in diagnosis has been made.

Of the two children which recovered, one a child of four years, the predisposing cause was a pneumonia, and the other, a boy of six years, the meningitis arose as a sequel from a septic wound due to an extensive powder burn on right thigh; both these cases being of the cerebral type.

The pneumonia case began to show cerebral disturbance after the crisis or about seventh day; the onset was rather sudden with accompanying delirium of the furious kind, violent pain in the head, pupils contracted and intolerant to light, face rather flushed, labial herpes, twitching of muscles particularly of the face, pulse accelerated, temperature elevated, and bowels constipated.

The case following the burn was of a septic nature, and as in the instance of the pneumonia patient, the brunt of the meningeal trouble was principally cerebral. The onset in this case was gradual, showing signs of cerebral disturbances about the ninth day after receiving the burn; such as pains in the head, muscular twitchings and squinting of eyes; then followed delirium of a maniacal turn, cerebral hyperemia was in evidence with contracted pupils, flushing of the face, circulation excited, some contraction of the nucha, vomiting, at intervals coma was present, bowels and urine passed involuntarily, all food refused absolutely, in fact efforts to swallow would appear to induce spasmodic action of throat muscles akin to tetanus; no rashes on the body or herpes.

In these two cases the treatment was somewhat similar; both received hypodermically hyoseine hydrobromide for the violent delirium, which seemed to control it, together withgelsemium and the sedative aconite or veratrum; also at times the bromides and chloral hydrate were given per rectum. Ice was constantly applied to head and hot packs were also employed. The bowels were kept open by colonic flushings, and castor oil exhibited by mouth occasionally. When food or medicines were refused persistently by tightly closing the teeth, the nasal feed-

ings were resorted to in order to reach stomach. Recovery ensued in about two weeks after the cerebral manifestations became in evidence.

To me the most interesting cases were the two younger children, both of whom died. A similarity of symptoms was present with them that was remarkable. No subjective information was obtainable owing to their ages of eighteen to twenty months. The aetia of infection with both cases was of a gastro-intestinal nature, slight diarrhoea with vomiting for about ten days preceding meningeal manifestations, which assumed the cerebrospinal type. The temperature fluctuation was phenomenal and varied considerably daily, ranging from 99 degrees to 103 degrees; pulse not rapid and of fair tension, except towards closing period of illness. The first intimation of serious complications was a rolling of the head with somnolence. This was followed by stiffness of neck muscles with retraction of the the head, and finally tonic contraction of back muscles, together with those of the lower extremities.

The cutaneous manifestations at onset of attack was pallor of surface; later a well-marked eruption of dusky hue supervened, which came and went at intervals. The eyes were mostly kept closed; pupils dilated but not unequal, eye-balls rolled upwards; delirium was present in a mild degree but coma pronounced. No hyperesthesia, but anaesthesia was noted. With one of the children vomiting endured at intervals during entire period of disease; the other child vomiting ceased upon relief from the primary gastro-intestinal infection, and the bowels in both instances became constipated. The appearances of the tongue was that of contraction with no characteristic coating. Both these cases developed convulsions during the latter period of their illness, which was a feature not present in the other three cases. In the instance of one of these children which subsequently died, spinal puncture was made with result of liberating about two drachms of fluid showing no turbidity and apparently normal; in its evacuation no impulse to flow was present, indicating absence of tension. The spinal fluid thus removed was placed in hands of pathologist for a microscopical and bacterial inspection, trusting that the specific cause, the diplococcus meningitidis, would be demonstrated to verify the diagnosis beyond a doubt. The pathologic report was negative as to findings, but with the clinical history I felt this did not alter my diagnosis, though disappointed, and in justice there should have been several trials of spinal puncture since the presence of the specific bacteria may have escaped detection, or have been absent in the one test.

As might be surmised, the treatment was faithfully and perseveringly applied by the trained nurse in private with one case, and the hospital nurses with the other. All hygienic care was given these two patients in every respect during period of their sickness. In the drug treatment as I recollect, my object in the beginning was to overcome the toxemia of the gastro-intestinal tract through the administration of calomel followed with castor oil, succeeded by an absorbent such as bismuth subnitrate in connection with fractional drop doses of carbolic acid as an antiseptic and disinfectant. As meningeal manifestations became apparent, ice was resorted to as a constant application to the head and later to spine also; tincture of iodine locally to cervical spine as counter-irritant, and eventually blistering over same region was employed. The internal treatment consisted in meeting the conditions on a symptomatic basis; belladonna and ergot were exhibited for the dullness, hebetude, pallor of skin and dilated pupils. The spasmodic twitchings and convulsive features were met with the bromides, chloral and lobelia by the rectum, also chloroform inhalations at times. The hot packs were also used for this feature with seeming good effect, at least temporarily. When the vital forces began to wane, the stimulants strychnia and brandy were employed, also normal salt solution per rectum by the drop method. The feeding was nasal, owing to an inability of giving sufficient nourishment the natural way to sustain life; the most nourishing of foods in liquid form were thus utilized.

I regret the Flexner serum was not exhibited in these two cases; this was due to not being available at the time. I confess, however, its application would have been experimental, though willing to make use of any measure in view that drug therapy was failing me. I may add allopathic counsel saw these two children with me, but were unable to offer anything over and above to what I had given, which would be of any advantage to self or patients.

REMINISCENCES

J. G. Tomkins, M.D., San Francisco.

Read Before the California State Eclectic Society.

Mr. President and Members:

Every active practitioner in Obstetrics soon becomes cognizant of the fact that there is but one best baby in existence, and every mother has got it. So, in pursuing our studies in a medical college, we are taught to believe there is one chair that is paramount in its importance and the effect it has upon the success of the student in after life, and every professor

fills it, all the others being needful, yet contributory to his. While this is true in its general application, the one which is really of the highest importance is the one to which he is both physically and psychically adapted; and that will soon manifest itself.

I will now proceed to comply to a personal request to write a paper on Obstetrics. I'm not writing a text book, nor do I consider myself an authority, but simply a narrator of experiences "tho" presented in a crude manner, which may prove of some benefit to others. If I succeed I am well remunerated.

The practice of Obstetrics and Gynecology is really paramount to all other branches of medical science, for the successful practitioner in Gynecology will, nay, must be a good general practitioner, for though by far the greater number of cases are purely physiological yet he never knows, as I have found by experience, when his greatest skill and most profound knowledge of any, or all departments of medicine, and even surgery, will be required to bring the case to a successful termination.

I well remember the first case I ever attended. I had been in college but three months, when my preceptor requested me to go and watch a case of confinement. It was a lingering case he told me, and I had only to look twice and say nothing, and he promised faithfully to be there in two hours and deliver with forceps. I went, and after a mental struggle, I quieted my solar plexus. I made the necessary examination. I found a condition which had been minutely and faithfully described to the class, that when the uterus was thick and edematous and the os felt as though a purse string surrounded it, S. M. Lobelia would reduce the one, and S. M. Gelsemium would loose the other. I said mentally, "Now here's a chance to test the theory taught by a practical lesson." So out came my medicine case, and the test applied, and lo and behold, when the doctor came with his instruments all ready to haul the new-comer into this world, I pointed to the nurse and said, "There's the baby, doctor, and I'm waiting for the placenta." I'll never forget his look. He watched me closely; nature was kind, and the placenta was normally expelled; and after all was finished, as he stepped into his carriage at the door, he said: "I want you to do all my obstetrical work at night, and I will give you one-half the proceeds." I suppose I got the poor cases. For three years I did so, and so had a good start in obstetrics.

Now, boys what did the work? Why Lloyd's Specific medi-

cines and the accurate knowledge taught in an Eclectic college when and how to apply them.

Now, for another point: if the child fails to advance, pains are regular, no mechanical obstruction, position and presentation normal, the cause is most likely to be owing to a plastic spasm of the uterus. I found that the case in several instances, and after proper sterilization of my instruments, the first few inhalations of chloroform, the child popped out like a cork from a bottle, and although I have delivered with instruments many times without the aid of chloroform, I advise it for the aforesaid reason.

Again, I advise not to wait over twenty or thirty minutes for the expulsion of the placenta. After you have failed with the well known methods, don't be afraid. Sterilize your hands and fetch it out, making traction with the placenta firmly grasped by your right hand in the uterus, and expulsive pressure on the uterus over the abdomen. The last time I played the waiting game was three hours, fifteen years ago. Never again! About eight or nine years ago, when I returned from a post graduate in New York, there were nine obstetric cases the first four weeks. One had ceased to advance for three hours; the membranes broke at 3 A. M. and I discovered that I had an occipito posterior presentation. Thinking I must use my forceps, I sent out for a doctor to give the anaesthetic. While alone I applied some chloroform, inserted my hand and found the head free and movable, and I believed I might turn the head into a normal position, but as the husband returned with the doctor who advised employing the forceps, I followed that advice. By three hours hard pulling, putting in eleven stitches, the loss of the child, and temporary paralysis of the mother's left limb, and three weeks' attendance on the mother with no extra charge I fined myself for listening to inexperienced advice. Version would have been best. The first year after leaving college, it seems as though the fates had decreed I should have a hot time in obstetrics, and I could not say them nay. One to which I wish to call your attention was placenta previa partialis.

It was the first case of the kind that I had ever seen. I was requested to attend it by my former preceptor. I knew nothing of its history. It was in the early hours of the morning and I was a stranger to the patient and went alone. When I arrived there I noticed something out of the ordinary; the woman was nearly exsanguinated, and I found as she lay on her back her buttocks was surrounded with congealed blood, which had accumulated between the thighs to fill the

space. On further examination, I found the os dilated and the placenta about half covering it. The membranes were ruptured and an occipital presentation. I decided on Podalic Version, delivered the child and the placenta. The child was dead, evidently from asphyxia. The mother made an uneventful recovery.

Now, boys, as I am not the only pebble on the beach, I'll just relate one little incident more, not for its intrinsic value, but that it may furnish subject matter for discussion. To be brief and yet explicit, I will just say by way of prelude that a primipara engaged me for her confinement. At the expiration of six months she sent for me. She miscarried. The child lived thirty-six hours. I tried to prevent the miscarriage, but could not. I then told her she had womb trouble and she would be subject to another miscarriage if she did not take treatments. She did not, but in a few months engaged me again; and again, at three months this time, she sent for me. On examination, I found the membrane intact and within easy reach of my finger. So I kept close watch on it, did not take my hand or eyes from it, and when expelled, I washed it carefully, but absolutely nothing but the membrane and amniotic fluid was to be seen. Now, why I offer this is simply because at the time every doctor I spoke to about it had a different theory to offer. What say you?

She took treatments after that and I delivered her of a fine full term baby. He is now twelve years old and came over from Oakland to see me as his testes had gone up into his body and was giving him great pain. What should I have done? Oh, operate, you'll mostly say! So said the doctors here. So said everyone, but they hadn't used Lloyd's Libradol as I have done, or they would have advised that. I used it on the little fellow, and I tell you it coaxed the two little necessary evils down into their place. The pain ceased with the first application, and Lloyd Brothers were on top again. Try it on a good many things where an anodyne and laxative is needed.

I thought it about time to conclude this paper, but upon reading the very interesting and instructive remarks on some every-day diseases by B. R. Hubbard, M.D., of Los Angeles, that a few supplementary remarks would be in order. I certainly endorse all he says in his interesting paper and have no comments to make, so will not take up any more of your time than to touch upon those conditions which differed in our individual experience.

I had been engaged to attend a woman in her confinement; in due time I was sent for and found perfect uterine in-

ertia, with profuse hemorrhage. Not knowing the cause, but knowing it was not Placenta Previa, I realized that immediate action was called for. So I sent for Dr. Van Meter to give the anaesthetic. He came; we tried all we knew to get up contractions, but failed. So I requested him to give chloroform. I applied the forceps and delivered her of a healthy living child. I thoroughly cleaned the uterine cavity of all remnants of Placenta Seenndines; the hemorrhage stopped; cleaned, bandaged and left. Next morning there had been no discharge; I left word to send for me immediately if hemorrhage set in. On the following Saturday, being the seventh day from the time of delivery, the daughter came for me at 6 A. M. I got there as quick as I could, and found a severe hemorrhage; asked no questions, placed the woman across the bed, instructed two women friends to flex the legs upon the thighs and thighs upon the abdomen, forced my hand into the womb and cleaned out a whole lot of clots of blood. She made an uneventful recovery.

The same woman a year before, while eating dinner, felt something flowing from her. She went to her bedchamber, and sitting on the utensil, filled it with blood. She became alarmed and sent for a Dr. Harvey (an allopath). He sent for me; I examined her, found about three months pregnancy, os closed, I told him I was not wanted, but as there was some abnormality to watch the case. He asked me to take the case. I refused on ethical grounds, but as he positively refused to take the responsibility, I took it, and eventually a substance came from her, just the size and shape of a sheep's heart. I cut it open, and here is the point of interest. There was a cavity in the center, and the perfect form of a foetus in bas-relief attached to and growing on it.

THEN AND NOW.

By Prof. M. G. Young.

Selected and Read by Dr. Frank Brooks Before Washington Eclectic Medical Association. Read August 2, 1910.

—1—

My thoughts ramble back to the days long ago,
When we farmed with the sickle, the spade and the hoe.
We reaped with thanksgiving the seed we did sow;
And hay for our cattle by hand we would mow.

—2—

Of food we had plenty and some for to spare
To those we called "needy," for no tramps were there.
At night to the hearthstone we all would repair,
And oft join in singing some old-fashioned air.

—3—

Our hearts and our homes and our clothing were plain,
 And children found pleasure at home to remain;
 To read "Paradise Lost" and also Regained,
 For love story novels could not be obtained.

—4—

Each felt for his neighbor in honor or shame,
 And spoke of him kindly, protecting his name.
 The rich and poor people were honored the same,
 For Honor not Riches was counted for gain.

—5—

The children respected their parents and did
 Both quickly and cheerfully all they were bid;
 For parents in those days ne'er called a child "kid,"
 And slang and nicknames were strictly forbid.

—6—

A young lady's escort was then called a beau,
 Not "fellows," or "steadies," in the sweet long ago.
 A girl asked permission when she wanted to go,
 And ne'er asked again when the answer was no.

—7—

No father was called by his child "my old man,"
 Mother's questions were answered by "Yes" and "No, Ma'am."
 Find now such a family as this if you can,
 You may look the world over again and again.

—8—

No doctor was called when the children were ill
 To cut out their tonsils or to give them a pill,
 But grandmother's herbs never once known to kill
 Were effectual then and they surely are still.

—9—

The "appendicitis," so dreaded of late,
 Was then called cramp-colie, and soon met its fate.
 Bacteria and other bugs now up-to-date
 Didn't eat living tissue, I'm glad to relate.

—10—

Yes, all things are changing from the old to the new,
 The customs and fashions, and the people have, too.
 From better to worse it is that they grew;
 Deceit and false statements instead of the true.

—11—

The old-time preachers could preach without notes,
 Declaring the difference between the sheep and goats,
 And taught us the lesson of "beams" and of "motes";
 Receiving their quarterage in provisions and oats.

—12—

But when one looks round on the folks of today,
To consider their deeds and to bear what they say,
It seems all their interests are tending one way—
To the getting of money and to do what will pay.

—13—

But a question should come to us all in this way:
Do I get the gold honest? Do I do what I say?
For the time surely comes when "the devil's to pay,"
For there's surely coming a reckoning day.

LABORATORY VS. CLINICAL METHODS.

Finally they are getting down to facts and to actual conditions of things in the consideration of clinical methods in drug action as compared with laboratory methods. The importance of both, used carefully and discriminately, with prejudice against neither, is very important. Dr. Green, in a paper for the Indiana Medical Association, says:

"Progressive medicine has proved conclusively in recent years that the imaginary strife between laboratory and clinical methods of diagnosis is as needless and unreasonable as the war which raged a few decades ago between science and religion. The man who would practice medicine by the aid of the microscope and the test-tube alone would be a colossal fool; he would fail in his profession, and deservedly.

"Yet serious as such an arraignment may be, can less be said of him who depends for his diagnosis solely on the subjective clinical evidence which his senses present him at the bedside, or on the problematical value of the patient's word, and on his own experience recalled from out of the past?

"None of us, no matter how clear-sighted we may be as clinicians, can afford to neglect or ignore any assistance to diagnosis which may be secured within the bounds of reason, but least of all that assistance which a few minutes spent in the examination of urine or sputum or blood will give—the assistance of the laboratory."—Ellingwood's Therapeutic, editorial.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A. M., M. D.

Editor

D. MACLEAN, M. D.
Associate Editor

P. M. WELBOURN, A. B., M. D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No-anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

OUR COLLEGE COMMENCEMENT.

The thirty-second annual commencement of the California Eclectic Medical College was held on the evening of the eighteenth of May in the College Auditorium. The usual graduation ceremony resulted in the addition of three men to the Alumni, and we have the pleasure of introducing them to our readers. They are Drs. J. F. Willard, J. C. Reinsmidt, and Clinton Roath, and we are sure that they are now, and that they will continue to be, strong and consistent supporters of the cause of Eclecticism. Their friends taxed the capacity of the hall by their numbers, and their good will and enthusiasm were unbounded. Of the several speakers, each lived up to his previous reputation, and thus gathered new laurels unto himself. After the conclusion of the formal part of the program, dancing was provided for those of that turn of mind. Altogether the function was quite a success.

OUR COLLEGE NEXT YEAR.

While we have every reason to be satisfied with our college work for last year, yet we shall not be satisfied next year unless we do better still, for the quite obvious reason that we believe and expect it will grow. And the basis of our faith

is that we now have a faculty composed of experienced teachers, each of whom has earned a reputation in his particular sphere; that we now have ample facilities, including laboratory equipment of the very best; and that the college has not only survived the transplanting ordeal, but it is already well rooted and growing at a surprising rate. For many reasons a first-class Eclectic college is a necessity on the Pacific Coast, and it is most gratifying to know that this want is again supplied.

Send for the announcement and learn more about it!

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 2 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL ASSOCIATION.

The fifteenth annual meeting of the Southern California Eclectic Medical Association was held in the College building, Tuesday, May 2, 1911.

Doctor A. P. Baird, our worthy president, who has been absent from us for some months, came in on the "home stretch" and presided in his usual dignified and happy manner, to the great joy and edification of those present, and especially to the members of the student body, who are looking forward with much pleasure in anticipation of his return to the lecture hall at the next session of the college.

Dr. Baird spoke kindly words of appreciation for the efforts of the secretary in arranging the program during his absence.

Dr. J. Fraser Barbrick, on behalf of the Los Angeles County Eclectic Medical Society, gave the address of welcome, in the professor's excellent style, loaded with optimism for the cause.

Dr. William Carey Bailey, late Professor of Chemistry and Toxicology in the California Medical College, "before the disaster," was present and addressed the meeting briefly; Dr. Bailey is now minister of the Christian Church of Oxnard, Cal.

"Our own" Dean Munk told the story of the college; its birth, its progress, its destruction, its resurrection, its transmigration, its adoption and growth into the splendid institution we now have, with a faculty competent and devoted to teaching Eclectic medicine and surgery; a student body full of promise for the future, all of which augurs well for the continued spread of the Eclectic school in medicine, on the Pacific coast.

The California Eclectic Medical Journal was represented by "Ye Editor," and the subscription list increased.

Drs. J. Park Dougall and H. Ford Scudder, recording and corresponding secretaries, respectively of the State Society, were present in the interest of the next meeting at San Francisco, and succeeded in rounding up some delinquents, as well as enrolling some new members.

Drs. Newton and Peree of Long Beach, reported an interesting case of "Spinal Fracture," which would have done credit to a Spondylotherapist.

Dr. Ovid S. Laws was on hand with a live topic, which demonstrated that the doctor is still "On the firing line."

Dr. Orin Davis came up from Sawtelle, manifesting his interest in the work. These "boys" are always to be counted on, and we hope to see them again at the next meeting.

Dr. Laws called attention to a new truss, which is said to be a success.

The large chronometer owned by this association was presented to the college.

Professor B. Roswell Hubbard's paper, "The Range of Possibilities of Local Anaesthesia in the Execution of Surgical Work," from the advance pages of the doctor's new work on "Practical Surgery" (now in press), was given a very careful hearing, and favorably received.

Every number on the program was of intense interest and every man on the program was present or sent his paper in advance, all of which added to the success of the meeting. In fact that entire program as published in last month's Journal was carried out with the addition of Doctor Newton's paper, and an interesting clinical case furnished by Doctor Scudder of Redlands.

One interesting feature not on the printed program was the luncheon at noon, served by Delmonico's Cafe, at which

thirty-eight members and friends were entertained by Doctor Baird and the secretary.

Eight applications for membership were received and referred to the Board of Censors. The annual dues were reduced to one dollar, with membership fee two dollars, which includes the dues for first year, and a certificate of membership.

President Munk of the "National" in his happiest vein, recited some of the conquests of the last year, in preventing unfavorable legislation in California and other states, as well as the success in defeating certain measures in Washington, D. C. Dr. Munk also urged a closer affiliation between the various societies, county, state and national. He also called attention to some who were indifferent, and plead for a greater interest and larger attendance at the coming National meeting in Louisville.

It is the concensus of opinion of those who are familiar with the history of this association, that the fifteenth annual meeting was, in point of attendance and interest, the largest and one of the most enthusiastic and interesting on record.

The following officers were elected to serve for the ensuing year: President, Dr. H. V. Brown; vice-president, Dr. O. Newton; secretary, Dr. W. J. Lawrence; treasurer, Dr. J. A. Munk.

A LONG AND STRONG PULL.

Any man who pretends to work but cannot show results, is a failure and his labor is in vain. It is the quiet, persistent worker who has little to say, but is constantly busy, that wins; and nothing succeeds like success.

The late joint meeting of the Los Angeles County Eclectic Medical Society and the Southern California Eclectic Medical Association was a conspicuous example of successful effort. Dr. W. J. Lawrence, secretary, is responsible for the most successful meeting held in many years. There were sixty-five members present during the day and forty-eight men and women sat at the luncheon in Delmonico's as the guests of Dr. Lawrence.

This assembly was but the beginning of a forward movement in the ranks of California Eclecticism. The meeting of the state society, held later in San Francisco, was another noteworthy event. The president, Dr. John Fearn of Oakland, and corresponding secretary, Dr. H. Ford Scudder of Redlands, conducted this campaign for progress and their interest and activity resulted in a second record-breaking meeting. It can now be truly said that the ice of indifference in California Eclecticism has been broken; and with an increased member-

ship and complete affiliation of the State Society with the National Association, the future looks bright with promise.

With one more pull, and a pull all together in this year's work, let every loyal Eclectic focus his interest and effort on the coming National Convention, which convenes in Louisville, Kentucky, on the twentieth of this month. The Eclectic hosts from all parts of the Union will assemble in this beautiful city of the southland and the gathering will mark another epoch in our history.

The Pacific coast should have a full representation at the meeting and California must not be delinquent. Quite a few of our friends in Southern California have expressed their intention of going and the State and Pacific coast ought to maintain their reputation, again, in this instance, by sending large delegations to be present at the meeting. J. A. MUNK.

NOTES FROM TEXAS STATE SOCIETY MEETING, MATERIA MEDICA SECTION, TUESDAY, 8 P. M.

Therapeutic and social session called to order by President Bettencourt, who introduced the National President, Dr. J. A. Munk, of Los Angeles, who made an interesting talk on Eclecticism in general throughout the United States and in California especially.

Dr. Munk being a thorough student of the people of Arizona, made an interesting talk on the cliff dwellers of the past.

Therapeutic facts were then taken up with Dr. Huckabay Carb. Am. ziii; Sal. Acid zii for typhoid, to peppermint water ziv teaspoonful every four hours. Dr. D. W. Holmes, H. M. C., No. 1 strength does the work. Dr. A. C. Ament apomorphin never fails to vomit. Dr. H. A. Kling uses heroic doses of Pod. and Lep. Dr. Q. H. Freedman, asthma—H. M. C. sure. Dr. J. A. Munk, Anemopsis Cal. cures catarrh; this added to stillingia Lin. is called Anamin, and is fine for a sore throat. Dose zii to aqua ziv or as a spray diluted. Dr. J. W. Jones—Sick stomach uses salt water. Full stomach nux and hydrastis.

Dr. H. H. Blankmeyer—To abort pneumonia use zi of asclepias in 8 ounces of hot water at one dose, then cover and allow to perspire six to eight hours, and then give castor oil next morning. Also No. 2 capsule of Libradol helps Hemorrhoids and also reduces enlarged prostate used in the rectum.

Dr. L. V. Bates uses Acetate potash where the average doctor wants calomel (if) especially in malaria.

Dr. M. E. Daniel uses in severe congestive chill Qui. gr. XX to xL with whisky in one dose, holding it with hypodermic

atrophia stryehnine and morphia which for him takes the place of H. M. C.

Dr. W. R. Fowler gives gr. XXX to lx of quinine hypodermically for chills, combined with atropine, using the bi muriate quinine tablet.

Dr. C. Hudson—Don't wait for the fever to abate before giving quinine, but the patient is still dead.

Dr. W. H. Walker, sick stomaeh, bicarbonate of soda in hot water; don't use cold water to reduce temperature. Real sick stomaeh instantly relieved by gr. x of Natrum sulph. 3 x trit.

TEXAS STATE MEETING.

It was my pleasure to be present at the late meeting of the Texas Eclectic Medical Society held at Waco. Any one not familiar with the southwest can have no conception of distance until after he travels over its broad plains of deserts and mountains. It took three days and two nights of continuous travel to go from Los Angeles to Waco and as much more time was consumed in returning home. It is all an interesting country and contains many new and interesting sights.

Although Texas is represented by many Eclectics, owing to the size of the state and the long distance between places, the attendance at the meeting was small; but what it lacked in numbers was made up in enthusiasm. Dr. M. E. Daniel, who has represented Texas Eclecticism in public affairs for many years, was present as usual, as was also Dr. H. H. Blankmeyer, its efficient secretary. In late years a set of younger men have come upon the stage of action and are taking an active part in the work. Dr. M. F. Bettencourt, the re-elected president, is one of the leading men, has undoubted talent and will make his mark. He and his college chum, another young man of ability, Dr. C. L. Hudson, married sisters after they left college and live in adjoining communities. The sisters are equally attractive and how the two doctors ever managed to make a choice of either one without choosing both, your deponent sayeth not. The entire party of four were all present at the meeting and here is wishing them success and happiness.

Dr. Hudson, the youngest of three brothers, all Eclectic physicians and living in the vicinity of Waco, and all present at the meeting, was on the program for a paper on Calomel. Instead of reading a paper he gave an impromptu talk on the subject that was not only exceedingly interesting, but also very funny, and started a general discussion that was not easily stopped. Although a tabcoed subject it furnished various

extreme and opposite views, but ended by leaving everybody feeling satisfied and happy.

Dr. H. A. Kling inaugurated a movement at this meeting that calls attention to our medical colleges. He sent a request to each one of our schools for a donation of college pennants to use for decoration and display during the meeting and the same to be preserved and used again at subsequent meetings. He received some favorable responses and the banners were in evidence upon the walls; but the request went out too late to allow sufficient time to hear from all at this meeting. The scheme, however, is a good one and the custom should be adopted by every state.

Dr. M. A. Cooper has opened a sanitarium at Leakey, Texas, for the care and treatment of tubercular patients. The climate and location are ideal for such a resort and, being an Eclectic institution, it deserves to receive our support. Its equipment and methods are modern and up-to-date in every respect. It is exclusively for people who are tubercular and only incipient and curable cases are admitted. Such cases fare best in an institution of this kind, but the incurables are better off at home.

On the evening of the first day a Therapeutic Fact meeting was held at the residence of Doctors H. W. and Rosa M. Gates—husband and wife, practicing physicians and prosperous and prominent citizens of Waco. This unique feature was introduced by Dr. W. R. Fowler at a former meeting and proved to be such a success that it was continued. Every doctor present was called on to give his experience with some one remedy that he knew to be of exceptional value, and it was surprising how many good things were mentioned. An orchestra discoursed sweet music at intervals during the evening and dainty refreshments were bountifully served. The company lingered until a late hour and all were loath to leave such royal hosts.

The Texas Eclectic Medical Society is in full affiliation with the National Association; and everything is lovely in the big land of corn, cattle and cotton. J. A. MUNK.

COLLEGE ITEMS.

Lectures at the college were suspended Tuesday, May 2nd, in order that the students might attend the joint meeting of the Los Angeles County and Southern California Eclectic Medical Societies, in which most of the professors took part. A very enthusiastic meeting and a large attendance resulted from the secretary's—Dr. Lawrence—work, and the students had the opportunity of hearing many interesting papers read and the

lively discussion which followed each, as well as numbers of addresses on Eclecticism, its development, history, advantages, etc., by Professors Baird, Holton, Munk, and practical talks on field work, by Doctors Scudder, Brown, Harvey, Darling, Newton and Preece.

We believe the privilege of attending such meetings is of great value to our students, as it not only imbues them with the spirit of Eclecticism, but enthuses and encourages them to greater efforts in preparing for the great work which is ahead of them.

An appreciation: I would like to say a word in admiration and appreciation of two grand old gentlemen, and most staunch and loyal Eclectics, our honored and respected Professors O. S. Laws of Los Angeles and Orin Davis of Sawtelle. When I look on these two veterans of Eclecticism, both of whom, if I am not misinformed, have lived far beyond their allotted three score years and ten, and note the wonderful activity of body and mind they each still possess (as is evidenced on the one hand by their attendance at most of our meetings, and on the other by their addresses and writings), I wonder if their early struggle in the ranks—both having comparatively grown up with this great school of medicine—their Eclectic enthusiasm and the knowledge they gained from Eclecticism as to the conservation of their natural resources mental and physical, has not had much to do with their present remarkable activities and abilities. If Eclecticism has brought so much to them, what will it not give to us and the generations to come after us?

Co-educational: Ours is a co-educational college, both as to students and teachers and I think I can safely say without fear of contradiction that the bright and shining stars of both faculty and student body are their lady members. Then here's to the ladies, God bless them. I wish we had more of them.

The Blue and the Gold—Certainly these are boom days for C. E. M. C., the college of the Blue and the Gold. We are proud anyway and have all the reason in the world to be so, but with the new college pins daintily designed with the college initials C. E. M. C. in gold on a blue enameled ground surrounding a central ever burning Eclectic lamp of Knowledge in raised gold and the new college banner with its gold initials in graduated letters on a dark blue pennant our chins are certainly away up in the air. Any of the Alumni or friends of the college wishing these beautiful and artistic emblems of our school can obtain the same through the Dean who will supply them at cost, \$1.00 each for the banners and \$2.50 apiece for the pins. They are worth twice this small cost.

Texas and Arizona—The Dean, Professor Munk, reports that during his trip through Arizona and Texas he was agreeably surprised to note the interest and good will and enthusiasm on the part of the Eclectics he met towards our school. This with the hearty welcome and felicitations he received at the Texas state meeting certainly are encouraging and make him feel that his efforts to develop the greatest Eclectic institution in the country here on the Pacific coast are certainly worth while and are fully appreciated both at home and abroad. Our school should be sending many graduates into Texas, Arizona and New Mexico, and we expect before long to have many matriculants from these sections.

The student body held its last meeting for this term the first of May. It was largely attended and proved to be the most enthusiastic meeting yet held. Many things of interest to the students were discussed, among which was the adoption of a college pin. The pins have already been made and grace the lapels of the many of the students and faculty. The pin is a cross blue enameled and bearing the letters C. E. M. C. in gold on the arms of the cross. In the center is a raised die cut "Lamp of Knowledge" or "Lamp of Life," the emblem of Eclecticism.

The afternoon of May 18th a goodly number of the students assembled around the festal board with Rev. J. T. Hill as host. The menu was certainly elaborate and the students feeling relaxed from the stress of their exams, did justice to their duties. Good spirits and fellowship prevailed throughout and each felt as though he were one of the members of a happy family. Between courses the following responded to toasts:

M. E. Garrett: Be Ye Bat or Rat?

M. E. Crawford: Class of '14.

H. T. Cox: Class of '13.

J. C. Reinsmidt: State Boards.

C. L. Stammers: The Joy of Doing Preliminary and Regular work.

H. R. Evans: Vacation Time.

F. S. Kurpiers: Mistakes.

C. Roath: Our College.

A De 'Angelis: Her Ladyship.

Mrs. H. R. Evans: The Viewpoint of the Student's Wife.

J. T. Hill: My guests.

LETTER TO THE ECLECTICS OF CALIFORNIA AND THE PACIFIC COAST

An Appeal in Behalf of the California Eclectic Medical College By its Alumni

Dear Doctor:—

As a true and loyal Eclectic we address you feeling sure that you will indorse the following self-evident proposition and perhaps be interested in what follows. We know, first, that unless new recruits are constantly added to the ranks of Eclecticism the death knell of Eclectic and progressive medicine will soon be sounded. Second, if every Eclectic, progressive and liberal physician and friend of Eclecticism will put his shoulder to the wheel and work quietly and persistently for the cause this virile system of American medicine will continue to be the leading system of medicine.

For this purpose the educational institutions of Eclecticism must be supported by our sending them students. We must have the raw material before we can turn out the finished product. The president of the National and dean of our Los Angeles college, Prof. Munk, expresses clearly our position in the following statement in an editorial in the March Quarterly on "The Duty of Eclectics." "The future success of Eclecticism depends upon the individual members to furnish new recruits to take the place of the veterans who are mustered out. To fill up the ranks it is necessary for all to become active boosters for the cause by seeking out capable young men and women to study Eclectic medicine, attend some Eclectic college and be made into successful Eclectic physicians and surgeons. This means you and it means me and none of us can shirk our responsibility." Now Doctor, if you can get one or more students to join our ranks, by all means encourage them and send them along.

In nearly every issue of the California Eclectic Medical Journal and in fact in all of our Eclectic Journals you will find calls for Eclectic physicians. Scarcely a month goes by but that our college receives notice of some location that wants an Eclectic—not often from a physician who wants to change or sell but from prominent citizens who know about Eclecticism and want it but cannot get it because we do not have the graduates to fill these vacancies. Eclectic medicine today offers better opportunities for locations than any other school. There are 10,000 openings waiting for Eclectic Doctors and only about 300 graduates to fill them.

Eclecticism has today seven first class educational institutions which, if they had the raw material, could easily

turn out 1,000 qualified physicians and surgeons during the year. Let every doctor send along some students: send them to us if you can, but if they must go elsewhere, be sure and send them to some Eclectic College where they will receive the right kind of instruction that will guarantee them success in practice.

While we are working for Eclecticism as a whole and Eclectic colleges collectively, yet naturally we are boosting our own college individually and want to call your attention to a little of its history and its many advantages. As you must know the California Eclectic Medical College was destroyed with many another landmark in the great San Francisco fire and the disaster which destroyed the building also wiped out nearly all the assets of its adherents, supporters and faculty, so that it was found to be impossible to reopen the school again in that city. The Southern California Eclectics under the leadership of Doctors Munk and Welbourn rallied to the rescue and brought it to Los Angeles and established it in its present location. So much for its history. Now for its advantages. Doctor, it has been a struggle but it is with pride that we proclaim it one of the best Eclectic institutions in the land. It is a strong, progressive institution with an able and enthusiastic faculty, a corps of competent teachers whose hearts are in their work and an equipment, every stitch of which is new and up-to-date; a location for climatic and clinical facilities ideal in every respect and a reputation that is unexcelled as is evidenced by our three graduates who took the State Board Examination this year and all of them passed.

We are training men and women for the noblest of all professions. Our trustees, faculty and teachers realize their great responsibility and we are not only teaching our students everything medical that they could get in any other school but also giving them what they can only get in an Eclectic school—Eclectic medicine and practice. You are an Eclectic practitioner and know very well what that advantage means. Our school has been in successful operation in its present home for four years and is certainly making rapid progress and doing good work. Any student that you can send to us will be helping both the student and the cause which includes yourself for every unit added to the whole not only adds strength to the whole but also to every other unit. Information and catalogues will be furnished on request, so let us hear from you. Letters of inquiry should be addressed to the Dean, Dr. J. A. Munk, 337½ South Hill street, Los Angeles, California.

J. F. BARBRICK, M. D.

ORAN NEWTON, M. D.

CLINTON ROATH, M. D.

Committee.

Dr. L. E. Russell, wife and son have returned to Cincinnati via the Grand Canyon, after a short visit to Southern California. The doctor was hurried because of his engagements during Clinic Week; however, he was here long enough to appreciate our possibilities and expressed himself as "coming again, soon."

Dr. Holton, Whittier; Drs. Perce, Newton, Harvey, Long Beach; Dr. Seudder, Redlands; Dr. Darling, Riverside, and Dr. Davis, Sawtelle were among the out-of-town members attending the meeting of the Southern California Society, and many of them came again for Commencement.

The annual College Catalogue is now ready for distribution and you had better send in your name for some. There are a few changes on the faculty and in the curriculum. College will open promptly on September 18th and, although regular class work and laboratories will not be in full swing on that day, they will be on the next day, which makes it urgent that all matriculants get their preliminary arrangements accomplished not later than the 18th of September.

BOOK REVIEWS.

DEFINITE MEDICATION containing therapeutical facts gleaned from forty years' practice by Eli G. Jones, M.D., member New Jersey State Eclectic Medical Society, Council American Civic Alliance, author of "Manual of Health," etc. Published by the Therapeutic Publishing Co., Inc., Boston, Mass., 1911.

This is a book of 300 pages on definite medication and is a valuable addition to our Eclectic literature dealing with materia medica and therapeutics. We have only words of praise for this work and heartily commend it to the profession. Dr. Webster has written elsewhere in this issue concerning this publication.

PRACTICAL DIETETICS, with reference to diet in disease, by Alida Frances Pattee, graduate, Department of Household Arts, State Normal School, Framingham, Mass. Late instructor in Dietetics, Bellevue hospital, New York City, etc.

Now comes the sixth edition of Practical Dietetics and enlarged, revised and better than ever.

"This is one of the most practical and comprehensive books on diet that it has been our privilege to review. The preparation and administration of liquid, semi-liquid and solid food is graphically presented with an array of formulas that will suit the most fastidious palate. . . . It also contains

diet lists in various diseases and for infants and children as advised by leading physicians and as used in our largest hospitals. It is in all a book that is invaluable to the physician, student or nurse."

TRUTHS. Talks with a boy concerning himself by E. B. Lowry, M.D., author of "Confidences," neatly bound in cloth, 16 mo. Price 50 cents net, postage five cents. Forbes & Co., 325 Dearborn St., Chicago, 1911.

A book containing the simple truths of life development and sex which should be given to every boy approaching manhood. His future welfare demands it. This is the first book to adequately and delicately present these truths in language intelligible to boys from ten to fourteen years of age.

Parents, teachers and physicians will find it a needed and helpful book of inestimable value.

THE SKULL. The first Year Book of the Eclectic Medical College, Cincinnati, O. Published by the class of 1911 in their Senior year.

This is the first year book published by the Eclectic Medical College for general distribution. Bound in yellow cloth with black leather corners and gold lettering, printed on a good quality of paper and illustrated with many good cuts, this is a very handsome volume and an altogether creditable publication. There are a few typographical errors which call forth only sympathy for the proofreader.

There are individual portraits of the faculty and Senior class and group pictures of the undergraduate classes, fraternities, athletic clubs, etc.

Among the "jokes" we learn that the various members of the faculty are using the same old expressions they were wont to use in the olden days.

We have not been informed of the price but the Alumni can only be pleased with the volume and be interested in looking it over. The men who "did the work" are to be congratulated upon the product produced.

PLASTER OF PARIS AND HOW TO USE IT, by Martin W. Ware, M.D., N. Y., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor of Surgery in the New York Post Graduate School. Second edition revised and enlarged. Price, cloth, square form \$1.25. De Luxe leather \$2.50. Surgery Publishing Co., New York.

The exhaustion of the first edition and the persistent demand for this helpful book were the incentives for this second

edition, which has been completely rewritten and enlarged and thus its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embellish the book and ninety illustrations are used to more clearly put up to the eye of the reader the intent of its subject matter.

TISSUE FOODS IN HOT WEATHER.

The need for tissue foods during the hot months may not be so urgent as during the winter season, but when it is present, the physician is sometimes hard pressed to choose a suitable product, especially so since many of those commonly employed give rise to gastric distress. In NUTROMUL, an emulsion of cotton seed oil, the physician will find a tissue food of positive merit and one that will agree with the patient during the hottest weather. Cotton seed oil is a nutrient of the greatest food value, containing more convertible nourishment than any other product at the profession's command and has the added advantages of ease of assimilation and freedom from gastric irritation. Physicians using NUTROMUL in all wasteful states will be gratified at the results obtained. Samples may be secured by writing the manufacturers. The Nottoc Laboratory, Atlanta, Georgia.

NERVOUS IRRITABILITY AND SLEEPLESSNESS.

To soothe nerve irritability without resorting to dangerous or habit-forming drugs, is a daily problem for the doctor to solve. In the administration of PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) he will find the simplest solution of this problem. Daniel's Passiflora will demonstrate its nerve tranquilizing properties and its freedom from depressing after-effects. It is the most potent and satisfactory calmative which the physician can use. In sleeplessness, from whatever cause, Daniel's PASSIFLORA INCARNATA will bring about a deep, restful sleep, from which the patient awakens refreshed and with none of the disagreeable effects so noticeable following the administration of chloral or the bromides. A sample will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

RELIEF IN NEURALGIA AND GIRDLE PAIN.

The efficiency of antikamnia tablets in neuralgia is beyond dispute and is well illustrated by the following case: An old nurse who had suffered from severe neuralgia at intervals for many years and whose hair had become gray on one side of

her head from this cause, expressed herself as having gained more relief from antikamnia tablets than from all of the many medicines which had been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have undoubted preference over all other remedies. They are a useful adjunct in the treatment of migraine.

For the pain in cases of organic spinal disease, antikamnia and codeine tablets proved of great value. A woman of 52, with transverse myelitis (complete paraplegia) found these tablets reliable for controlling the very annoying girdle pain. Two or three doses of two tablets each, within twenty-four hours, were sufficient to make the pain endurable. In another case, where there was the girdle sensation connected with its earlier history, and numbness and paraesthesia of the lower extremities existed, one antikamnia and codeine tablet was given three times a day, along with a regular potassium iodide treatment. The observation of this case has extended over 18 months and at no time has the progress been so satisfactory as during the last six weeks, in which she has taken antikamnia and codeine tablets regularly.

THE BUGBEAR OF "INDIGESTION."

"It is often said that ours is a 'nation of dyspeptics,' Medical men appreciate how apt this statement is, and never was there a time when it was more true. Only yesterday one of them remarked, with a touch of humor, that 'people are living so fast today that they do not stop to masticate their food'—a wise observation, we must admit.

"And besides—in the matter of eating have we not as a race departed from the so-termed simple life? Have we not in more than one way become denatured rather than civilized? It seems that the things people eat today are censored to tickle the palate, rather than nourish and upbuild the body—and the consequence of such pleasurable and improper eating is a disordered stomach."—From Brochure on Taka-Diastase.

One is tempted to quote further from this booklet, so interesting is the story—in subject-matter and in the manner of its telling. To do so, though, were to defeat the present writer's object, which is to insure a wider audience for the booklet itself—a booklet which is well worth having, whether or not one expects to avail himself of its therapeutic suggestions.

As the quoted paragraph attests, the brochure is well written. Its literary flavor, however, is but half its charm.

In its physical make-up the booklet is a distinct novelty, its quaint cover design, its fitting inner embellishments, and its oriental suggestiveness lifting it well out of the casual and commonplace.

The brochure tells how Taka-Diastase came to be—tells how it is made, and in the language of the distinguished chemist and scientist who evolved and gave to the world this valuable ferment. It explains, in attractive, readable form, how Taka-Diastase acts in defective starch-digestion, in gastritis, in diarrhoea and constipation, in wasting diseases, and in the diet of infants. It contains a full list of Taka-Diastase products and gives hints as to dosage. Altogether it is an important little work, and one that readers of the California Eclectic Medical Journal are advised to send for. A copy may be obtained by any physician by addressing a request for the "Taka-Diastase Brochure" to the publishers, Parke, Davis & Co., at their home offices in Detroit—providing, of course, the edition has not previously been exhausted.

THE CURE OF ENURESIS IN CHILDREN

According to some, the cause is a hyperplasia of the central nervous system. The immediate cause is a hyperexcitability of the detrusor vesicae, with relaxation of the sphincter of the urethra, or a lack of development of the prostate and failure of the bladder orifice to close. The therapeutic measures must depend upon the conditions that exist. General hygienic and dietetic measures are appropriate in all conditions. For hyperexcitability of the detrusor, deficiency of the sphincter and lack of development of the prostate causing deficient closure of the bladder orifice, to eight ounces of sanmetto add eight drops of belladonna and eight drops of tinct. nux vomica, and of this one-half to one teaspoonful given before each meal and at bedtime will be found useful. For reflex enuresis the removal of the cause followed with sanmetto.



H. VANDRE, M. D.

The California Eclectic Medical Journal

Vol. IV

JULY, 1911.

NO. 7

Original Contributions

PROLAPSUS OF THE SPLEEN.

F. G. de Stone, M. D., San Francisco.

I wish to report a case of prolapsus of the spleen, which on account of its rarity will doubtless be of interest.

August 10, 1910, I was asked by the parents of a child to consult with a physician whom they had employed for their daughter, aged six. The little patient had been taken to a hospital and was, according to diagnosis of their doctors, awaiting the removal of a tumor of her rectum, with the alternative of death within forty-eight hours.

I refused to consult, for several reasons. (1) Because four doctors (all allopaths) had already passed on the case, three of whom demanded immediate operation as the only means to save the child's life. The fourth doctor, a splendid surgeon, whom I knew well, suggested that as the child had some symptoms of typhoidal disease, it would be the part of wisdom to study the case a little time before rushing into an operation.

(2) I felt that I would not agree with any of them, and I wanted to be free to express my own opinion without being pitied for being an eclectic.

(3) I wanted to be just to the parents, which I felt I could not do if I was obliged to let the others down easy.

I found the child with a temperature of 104 and a record of a steady increase of temperature. A blood count and urinalysis had been made and both showed nearly normal. Pulse was very rapid and thready at about 150; tongue coated brown with fiery red tip; abdomen tumid and very much distended; liver much enlarged and great tenderness in hypochondriac and gastric regions; area of heart dullness also increased. History of malaria.

Owing to tenseness of the abdominal muscles no abnormal growth could be detected by external pressure, although had

the state of the patient been such that it would have been possible to chloroform her and thus relax the muscles, the mistake in diagnosis made by the other physicians would not likely have occurred.

Digital examination revealed a nodulated mass situated immediately above the anus, having a firm feel in its central portion but nodulated and fluctuating on its outer border and could be mapped out for about two inches in front and somewhat more posteriorly. I concluded that the mass, in the main, was a fecal impaction with probably an abscess formed in its central portion and that it was situated in the turn of the sigmoid. I advised that other means be tried before an operation was resorted to, and ordered an enema at once. They had ordered milk every two hours and as much eggnog as she would take. The enema brought away a lot of putrid milk that smelled to heaven, and with this fermenting mass came long shreds of mucus, more than ever convincing me that a mass of feces was walled off in the colon. After the enema the temperature fell over a degree and the child seemed to revive wonderfully and this had the effect of convincing the parents that there was hopes of the child's recovery and the father insisted on my having the ease; this resulted in an order from the hospital management that the case be removed from their establishment. Although in such a critical condition I decided to have her taken to her home, which was accordingly done the following morning. Two hours after her removal the temperature again rose to 104 and grave disturbances of the circulation alarmed me very much, the pulse being too rapid to count. Frequent doses of veratrine soon brought it down; another enema containing permanganate of potassium brought away more putrid milk and this was followed in about an hour by long shreds of mucus mixed with much pus. I staid with the patient four hours, manipulating the abdomen during which time the temperature dropped to 101 and the pulse became strong at 96. I ordered no food save orange juice, continuing the fast three days more; directed the parents to give two more enemas during the day (normal salt) of one quart each. For the septic condition I ordered ephafolta in twenty drop doses every two hours, with instructions to give veratrine 1-67 every thirty minutes if the heart became too rapid.

There was but little change in the condition of the patient for three days save the temperature reduced to 102 and the circulatory disturbance occurred less frequently.

On the morning of the fourth day, after a full enema, the child almost fainted and became so deathlike that I thought the

end was at hand; the anus opened and more than eight ounces of creamy pus oozed out; then as if wrapped in thin gauze two round rolls about two inches long and half an inch in diameter came away; they proved to be hardened feces, showing my conjecture as to fecal impaction being the rectal tumor, was correct. In about an hour the child revived and the temperature became subnormal 97 2-5. Digital examination now revealed no rectal tumor and I felt our victory won.

The child now rapidly recovered and in a few days was up and playing with her dolls, but the pulse was still erratic; so much so that at times she was obliged to lie down. Several days passed, the pus ceased coming away with the enemas and the abdominal walls became flaccid enough so that I could outline a hard lump in the middle line just above the *linea alba* a little to the left, and to my surprise it was movable. After working with it for some time I succeeded in drawing it up out of the pelvis and found it firm and smooth to the feel and in outline similar to the spleen. This I thought was impossible, but both kidneys could be made out in their normal position and too, where the spleen should be found there was no dullness. I was much puzzled, went home and read up on splenic conditions but could find nothing like this case. The next day I succeeded in raising it up out of the pelvis and high enough above the pubes to enable placing a truss which Clark-Gandion helped me to fit to it. I thought by putting it up, it should be a long pedicled tumor there would be some indication of pain in the pelvis that would solve the problem, but to my surprise the condition of the heart now at once changed to perfectly normal. Two weeks went by, when one morning the mother called me saying the little girl's truss had let the "thing" slip down and that her heart was beating so fast that she had to put her in bed.

It had slipped down so that I could barely push it back and forth just back of the pubes. After two hours work I again got it up, yet when I did succeed I found it slipped easier beneath the abdominal wall than before and I succeeded in crowding it clear up under the edge of the ribs where the Spleen should be. I took the child to Clark-Gandion Co., the trussmen, and they succeeded in solving my problem so well that we kept the "animal" well up in place. Since that time the organ has not since prolapsed, the child is perfectly normal in every respect and her parents say she has never been so well.

Lest I be considered crazy in my diagnosis I will state that I have since had the child examined by four other physi-

cians, all of whom agree that they can give no better idea than I. Dr. Mitchell and Dr. Scott of our own school and Dr. Hess a very prominent surgeon of the allopaths. Of course an exploratory incision is the only way to absolutely solve the problem but as the parents have not agreed to this I have decided to report the case, and shall be glad to let anyone entitled to do so see the case.

ERGOT.

A. J. Crance, M. D., Pasadena, Cal.

Read before the California State Eclectic Medical Society.

It may seem presumptuous to speak of Ergot since its early applications in the history of medicine and apparently its full scope of usefulness has long since become an established factor in therapeutics, with probably little new of its usages coming to light in the future. It is not however with a reason of offering something new, but rather to serve as a reminder that I am now speaking of it, especially in view of new fads and fancies looming up almost daily in the medical world which serves to detract the mind from old tried friends in that zeal to apply untried agents of questionable repute appearing today and leaving tomorrow, serving only to render chaotic the practice of medicine with pessimistic ideas of remedial efficacy in the application of any drug to disease expression.

Ergot is a complex drug with a variety of principles though of a similarity in general action with an influence exerted upon unstriped muscular fibre. This selective peculiarity of the agent gives it a scope in medicine not characteristic of any other therapeutically; and qualifies it to meet certain pathological states in those organs having in their anatomical formation, the nature of tissue of unstriped variety. This tissue we find in certain parts of the body as the blood vessels, uterus, urethra, intestines, parts of the bronchia, lymphatics and certain ducts, muscularis of the skin and mucous membranes. The profession are a unit in the fact that ergot will cause contractions of the gravid uterus; and unfortunately the laity have a knowledge of this which they apply with not unusual favorable results among those desirous of aborting pregnancy.

In an obstetric sense, however, the legitimate use of the drug is to produce fibrillar contraction of the uterine body and overcome hemorrhage. It is strange at this late day with what little fore-thought it is given by those who have the right to dispense it in certain states peculiar to females and especially parturition. Ergot is essentially a post partum drug

and is not admissible when the uterus is not empty of conception products. I have observed physicians administer ergot at any period of labor for inertia, to increase "pain" as they say. This display of ignorance, I trust, may be a relief of the past only, with the future to produce a better accounting of judgment. It is unnecessary to speak of the dangers to the child in utero from so potent a remedy, and of the possible evil sequences to the mother. There are but few remedies that bear the distinction of being oxytocic, and barring ergot it is questionable if any other agent possess this virtue in a direct way. The coloshes, strychnia, gossypium, quinine, contribute some action along this line, but only as they influence associated conditions which lends added vigor to the nervous supply governing the uterus. What I wish to bring out is the use of ergot therapeutically apart from its use in an obstetric sense. In considering the bodily textures over which it has a special affinity and the prevalence of this unstriped muscular fiber in hollow viscera and certain other organs of the body it bears to reason these can be influenced along lines of its special action over them to modify their functions in existing pathological conditions. The influence of ergot is variable owing to usages in short or long periods.

In those who unconsciously use it as a continuous article of diet it proves enervative through the vaso constriction which it occasions and develops a state termed ergotism, manifested in types of gangrene or convulsions, a poisonous action.

Medicinally its effects are to raise the blood pressure as occurs with digitalis, though this digitalis effect is primarily upon the heart muscle with vaso-constriction ensuing; whilst the action of ergot is not upon the heart proper since it is not possessed of unstriped fiber but secondarily increases its force by constricting the lumen of the blood vessels. Its power of controlling hemorrhages depends upon this feature of lessened vascularity. This same influence of contraction is manifested in all organs anatomically so constituted upon which ergot exerts its force, be it bronchi, hollow viscera, blood vessels or any part of the organism where this unstriped fiber is present. The stimulation of this tissue is carried on through that system of nerves the vaso motor. As an agent in active hyperaemia it is not equal to the bromides or gelsemium for their power of controlling the nervous phenomena upon which the condition depends and especially is this marked in the cerebral form, where determination rather than stasis of blood is the prevailing state. Ergot assumes its peculiar curative role in congestions by its influence of depleting the vascular supply through

a process of contracting the arterioles. In apoplexy or threatening attitudes of oncoming crisis of this nature ergot is a safeguard to the onset as well as curative when the condition is actually present by contracting the blood vessels and arresting the bleeding. In congestive states belladonna partakes of the characteristics of ergot, though more of a stimulant and in its active principle, atropine, we find one of our very best agents for hemorrhages. In relaxed sphincters ergot is of marked benefit; more speedy but of less stability to produce permanent tonicity than strychnia.

Ergot is in direct opposition to nitro-glycerine; when the latter is in demand ergot is surely contra-indicated; high blood pressure and tense vessel walls call for a vaso-dilator, such as glonoin and the relaxed coats of the blood channels with feeble heart impulse means ergot. In hemorrhages from smaller vessels and mucous membranes it has always held a prominent place, though in that from the pulmonary surfaces proper it is a failure. The vaso motor accompaniment in this instance is lacking, therefore, no incentive to stimulate contraction or lessen the lumen in the blood vessels is present. Ergot has proven curative in that not unfrequent distressing malady varix; the enlarged and tortuous veins form pouches along their course, due to relaxed and not unfrequent broken walls resulting from a lack of tonicity in their fibers. To accomplish results in instances of this kind perserverance must be carried for an extended period with small doses of the drug. In anesthesia depression the hypodermic use of the remedy in appreciable doses rapidly brings about added power to the heart in weakened states of the organ through the added influx of blood occasioned by the contraction of the vessels, though, in feeble action from excessive loss of the circulating fluid it is not equal to salt solution for absorption to replete the blood stream; however, in these instances ergot is sustaining until measures affording volume to the current is attained. In emergency cases the maximum dose of ergot is about one drachm, preferably hypodermically and repeated at intervals if required.

If haste is no factor of consideration it is preferable to give it by mouth. In states requiring extended usage of the agent for permanent results five drops four times daily is sufficient. It is useless to say that nothing short of the best is imperative and by preference I have found ergotole to meet the requirements.

A CASE OF GANGRENE.

M. E. Eastman, M. D., Santa Barbara, Cal.

Read before the Southern California Eclectic Medical Society.

Gangrene is defined as the death of tissue in mass. For clinical study the subject is divided into two general classifications, namely the dry and moist form.

Further subdivisions are made, which facilitates in making a correct diagnosis, and is also helpful when investigating the disease in detail.

Traumatic gangrene may be either localized or spreading.

Symmetrical gangrene, that form which is due entirely to abnormal vaso-motor action.

The diabetic form which is encountered in many persons suffering from diabetis.

Hospital gangrene is characterized by septic inflammation of the edges of a wound, with ulceration and sloughing.

The term senile is merely for the purpose of designating the dry form of gangrene so frequently met in persons of mature years.

The causes of gangrene may be either internal or external. Internal when due to abnormal vasomotor disturbance, or embolism. External when caused from pressure, violence, frost bite, or infection.

The treatment in every case of gangrene is either prophylactic or surgical.

Your attention is now asked, in giving the outlines of a case of dry, senile gangrene of the third and fourth toes of the left foot.

Mr. A. W., age 85, American, widower, active and well preserved. Uses neither tea, coffee, tobacco nor alcoholic liquors.

Examination of the affected foot disclosed the third and fourth toes of the left foot to be dry and black up to the metatarsus articulation. Diffuse and line redness extending upward toward the ankle.

History: Six weeks previously a travelling corn doctor was permitted to remove a corn from the great toe of the left foot. A few hours following the operation the pain was about unbearable and the corn doctor was asked for some measures to be employed that would afford relief. A topical application in the form of an ointment was given that did afford relief from the pain when applied, and was continued until the wound was entirely healed.

In about a week later Mr. A. W. felt occasional sharp lan-

inating pains in the third and fourth toes of his left foot. The pains persisted in frequency and became more and more severe. Upon his examining them they were found to be pale in color and cold. Some simple home treatment was instituted and continued for several days, but without overcoming the abnormal condition.

A physician who was calling in the neighborhood was asked to examine the foot and advise a line of treatment. The doctor diagnosed the condition as gangrene and suggested removal of the patient to the hospital where treatment could be carried out more satisfactorily than at home. The suggestion of hospital treatment was acted upon, and the patient was immediately transferred.

After entering the hospital both palliative and prophylactic treatment were begun, but were discontinued in three or four days as of no avail. An amputation was advised at this time, but the patient not only demurred but became dissatisfied with the hospital staff, and also the doctor; he left for home, and again instituted home treatment of his own prescribing.

A week elapsed with no relief from pain nor subsidence of the disease process. Mr. W. became alarmed about his condition and telephoned for me to call and see him.

My examination revealed the third and fourth toes of the left foot black, dry, and dead, so far as warmth and feeling were concerned, from their distal ends to the metatarsal articulation. Diffuse redness of tissue of foot half way upwards to the ankle.

Diagnosis: Dry, senile gangrene.

Etiology: After chemical examination of the urine, with negative findings of sugar, I decided the gangrene was due to embolism of the dorsal interossei artery to the third and fourth toes. Further examination revealed a slight arterio-sclerosis.

Prognosis: Unfavorable, owing to the age of the patient, and to the hardened condition of the arteries.

Treatment: Amputation at once of the leg in the upper third, leaving only sufficient bone of the tibia and fibula as is necessary for the fitting of an artificial leg.

Mr. A. W. had suffered so acutely up to this time, and such treatment as had been instituted producing no favorable results, he was in such a frame of mind that he expressed himself as preferring death to a continuation of painful days and nights. Such an attitude was conducive to his willingness to be taken at once to the hospital and prepared for an operation.

The patient was first seen by me on April 26, 1910. Re-

moved to the hospital the following morning and operated upon April 29, at 10 a. m.

Preparatory treatment consisted of free though not violent catharsis, enemas twice daily; light, easily digested and nutritious diet; and after thorough cleansing of the foot and leg of the affected limb, with soap and water, the parts were kept enveloped in moist bichloride dressings until removed at the time of operation.

On the morning of April 29, at 8 a. m., patient was given a hypodermic injection of one full strength H. M. C. tablet, Abbotts; and at 9 a. m. one half strength H. M. C. tablet was given. The using of these tablets have been very beneficial in all operative cases in that by their use the dread and nervousness that is most invariably found in persons as the time for operations draws near, practically disappears, and also that the amount of inhaled anesthetic is reduced fully one-half.

At ten o'clock the patient was wheeled to the operating room, and assisted onto the operating table, and was soon fully anesthetized with chloroform. Dressings from the leg were removed and the field of operation prepared for working upon.

A long piece of rubber tubing was employed as a tourniquet and applied a few inches above the knee.

Double flap incisions were made through the skin and dissected up to a level of the line of amputation. The tissues were now dissected from their bony attachments and posteriorly the muscles were severed from the bones, on a line with the upper angles of the incisions to a level with the lower edges of the skin flaps. All muscle tissues and blood vessels between the tibia and fibula were severed. A muslin retractor now held all soft tissues away from the periosteum while this was crowded upward and away from the leg bones to the line of amputation.

With an assistant retracting the soft parts and periosteum the tibia was now sawed nearly through, but not off. The fibula was now severed about one-half inch higher up than the tibia. Then amputation of the tibia was completed, and also the anterior surface of the tibia was sawed off, commencing about two inches above the lower margin. This was done for the purpose of eliminating the sharp corner of the shin bone. Thus providing an easier stump upon which to fit an artificial leg, and also lessen the pressure of sharpened corners upon the soft tissues.

The sharp edges of the bones were now smoothed and rounded off by means of the bone forceps. The retracted periosteum brought down over the ends of each leg bone and the

edges carefully sutured together. This provides a normal covering to the wounded bone, and facilitates its healing. Also prevents in a great measure spicula of the bone from growing downward into the muscular tissue.

Each nerve was seized, pulled outward for a couple of inches and then severed, and allowed to retract above the wounded muscular surface.

All veins and arteries possible to locate were ligated. The field was now cleansed off with sterile water; tourniquet was loosened and every united blood vessel, and especially the arteries, were hunted up and ligated. When free bleeding had stopped the raw surface was fully washed with hot sterile water.

The flaps were now approximated and held in apposition by deep interrupted sutures placed at intervals of every three-quarters of an inch. A running superficial suture was employed to closely approximate the skin edges.

A narrow strip of gauze was inserted at each angle of the flaps for drainage. Plenty of gauze was used to envelop the stump to avoid all oozing that might take place.

The patient rallied nicely from the anesthetic and was never troubled with vomiting. Dressings were removed in five days. Some venous bleeding had taken place but was easily and quickly drained off. Permanganate of Potash solutions were used when necessary for irrigations. Sutures were removed in ten days. Union was primary except a small area at the lowest point of the flaps. Here appeared a suspicious darkening of the skin, but by the use of knife and shears this was quickly dissected off, and no trouble was experienced in the wound healing.

At the end of four weeks the man returned to his home, and in eight weeks took the journey to the Old Soldiers' Home at Sawtelle; where in November, 1910 he was hale and hearty as ever. In closing will state that this patient was a survivor of the Mexican War.

CONSTIPATION.

N. M. Dewees, M. D., Cambridge, Ohio.

Constipation in nursing children is a source of annoyance that is constantly brought to the notice of the physician. It occurs in the bottle-fed as well as in the child that nurses its mother's milk, and if not remedied, may result in piles.

The cause of this condition is usually that the food contains too much casein, and calls for a modification of diet.

If the child is bottle-fed and ordinary cow's milk is used,

a little boiled water, cream enough to bring it up to the required richness in fat, and a little sugar added, will be all that is needed in many cases.

If the child nurses the breast, the mother is instructed to change her diet. She may eat lettuce, spinach, green beans, beets, turnips, tomatoes and fruits. Some will profit by such instructions, but the chances are that they will send to the drug store for castoria or other patented stuff. They want immediate relief, and it is not an easy matter to pour a teaspoonful of castor oil down the throat of a squirming, resisting youngster. The writer speaks from experience. It is astonishing the amount of money that is spent at the drug store for this condition alone, and the physician is largely to blame.

In the treatment of these cases, after giving proper instruction as to the change in diet, the writer prescribes a three or four-ounce bottle of Elixir Podophyllum, with directions to give one-fourth to one-third of a teaspoonful every 6 to 8 hours till the bowels move, then less often, as the case requires. This medicine is safe for any age, pleasant in action, and the most efficient in overcoming this condition of any remedy we have.

When people get acquainted with the Elixir Podophyllum and its uses, fewer trips to the drug store will result, and less medicine of any kind will be required.

TONSILLITIS.

J. M. Watkins, M. D., Ludwig, Texas.

Read before the Texas State Eclectic Medical Society.

I have been assigned a paper on the treatment of tonsillitis both medical and surgical. To thoroughly discuss this disease through its different phases would require more time than could be allotted to one paper, so what I shall say on the subject will be very brief and from my experience and not from what books teach us.

Tonsillitis is divided into Acute Catarrhal, Follicular, Membranous, and Hypertrophic:—

Acute Catarrhal Tonsillitis is an acute inflammation of the tonsil mucous membrane and may involve the parenchyma. This condition is more often found in children, and occurs more frequently in winter and early spring; usually makes its entrance to our Public Free Schools where it spreads from one to another. Children get their feet wet or damp on their way to school and remain in a poorly heated and ventilated room all day with wet feet; they become languid, dull, bones ache,

throat dry, fever rises, difficulty in swallowing, the child is restless, tumbling and tossing at night, with an increased temperature, they are always worse at night. The duration is short; if properly treated, usually four days is the limit. If improperly treated the disease may take on some of the other varieties, and the complications are many.

The treatment for Acute Catarrhal Tonsillitis is aconite and phytolacca, doses ranging in proportion to the age of the child. To unload the bowels Rochelle salts should be given, and for the love of humanity avoid nops and gargles; they do harm; an atomizer may be used with some mild alkaline antiseptic solution. Unguentin Terralis applied externally to the throat covered with absorbent cotton will be found very beneficial.

Follicular Tonsillitis:—This form of tonsillitis differs from the preceding one only that there is more involvement of tissue, a partial or all of the tonsil gland may be involved. This form is not found so often in children but more often in young and adult life. This form is ushered in usually by a chill and intense aching of back and legs, there is an intense dryness of the throat and intense pain in swallowing, even water is swallowed with great difficulty. There is an elevation of temperature ranging from 101 A. M. to 104 or 105 in P. M., with increased temperature, the other symptoms are likewise increased. In the treatment of this form, the same rules should be adhered to as in the former.

Rochelle Salts as a laxative, this is best given in small doses continued over a period of twelve hours. For the fever aconite, phytolacca, stillingia, and echinacea is given every two hours, this should be continued through the entire febrile stage. To relieve the intense aching and get the patient comfortable for the night sleep, codeine grains one-fourth to one-half with aspirine grains five should be given at night. Usually one dose is sufficient.

This ordinarily is sufficient for the internal medication; the throat should be sprayed every hour or so with echinacea in some alkaline solution, a very pleasant one is echinacea \mathfrak{v} glyeo-thymolin \mathfrak{qs} . $\mathfrak{ʒ}$ ii, this will relieve the dryness and inability to swallow very readily. In patients who suffer with rheumatic conditions the sodium salicyl will give most excellent relief, this should be given from five to ten grain doses every three hours until all the symptoms have been relieved.

Membranous Tonsillitis:—This form is more like unto diphtheria than either of the other forms and is often diagnosed as such; the diphtheria bacillus may be present in some cases; this form is not so frequently found as the other varieties. It

is my opinion that it is in treating this form of tonsillitis with antitoxine that the serum therapy people get such excellent results and not in true diphtheria. The additional treatment for this form over the former varieties is lobelia pushed to the degree short of vomiting, with a spray of H_2O_2 in connection with the alkaline solution.

Hypertrophic Tonsillitis:—This variety manifests itself in two forms, the soft and the hard and nodulated.

This form is found more often in the subacute and chronic stages than either of the other varieties. The enlargement in many cases amounts to almost a total obstruction of the throat. There is a general languid, restless condition, the voice is usually affected, the ears may be involved, and there is more or less cough.

In dealing with this variety of throat lesion the treatment may be both medical and surgical. In selecting the cases for medical treatment from the surgical or surgical from the medical we should use our best judgment or else we may select one for the other. Some cases of the soft variety will respond very satisfactorily to internal and local treatment, while others will not, this form being the result more often from repeated attacks of Acute Tonsillitis; therefore our treatment must necessarily be directed accordingly.

In the febrile stage the treatment should be followed as in the former varieties in general, but in the sub-acute and chronic forms we should use remedies that answer the case in hand, usually *Phytolacca* *stillingia*, *echinacea* dispensed in the wine of codliver oil given every three hours would relieve those cases that can be relieved by medicine. In addition to the internal treatment a local application of iodiform \mathfrak{D} ii, ether \mathfrak{J} i will give very satisfactory results.

In the hard nodulated form, medicine is not very satisfactory as a rule, in some cases however they respond very well to potassium iodide with the vegetable alteratives. We are forced to look upon some of these cases with more or less suspicion and it is not always an easy matter to determine whether there is a taint or not present and in such cases I have found it a safe bet "When in doubt lead Trumps" give the iodide. When the treatment in either the hard or soft variety fail you then operate. In operating for the removal of diseased tonsils, a few general common points should always be adhered to. After you have selected your case the first thing to find out is whether your patient is a bleeder or not, if you can; this point settled then ascertain whether or not there is any adhesion of

the tonsils and the tonsil pillars; should adhesions be present, they should be broken loose to give free access to the tonsil, the reason for this is in cutting the tonsil pillar you are apt to have considerable bleeding, this precaution being taken reduces the probability of hemorrhage to a very small per cent. In operating on children it is better to use an anaesthetic. Ethyl Bromide or Somnoform is probably one of the best and is sufficiently long enough for such an operation. Chloroform or ether anaesthesia are not necessary as a rule. It is not best to try to do the operation on children under cocaine anaesthesia for two reasons;—first, the operation cannot be as successfully done and the other is it increases the probability of a hemorrhage. In adults it is not necessary to give a general anaesthetic, but local anaesthesia is preferable. The removal of tonsils in children is best done with one of the many varieties of tonsiltome, while in adults the tenaculum and saw-tooth-edged scissors are very convenient for the work, and many times the tonsils are too large to allow its passage through the tonsiltome. By using the scissors this difficulty is overcome. The position of the patient is best in an upright or semi-upright posture. The post operative treatment usually consists only of some alkaline solution to be sprayed upon the raw surface.

VARIATIONS IN THE MEDICINAL THERAPY OF PNEUMONIA IN THE LAST HALF CENTURY.

By A. Jacobi, M. D., LL. D., New York.

The therapeutics of Hippocrates was symptomatic and palliative. He was not guided by pathological anatomy, which did not then exist, but by the complaints of the patient and distinct symptoms, such as fever, pain, dyspnoea, and the presence or absence of expectoration. He taught us to watch and follow nature, to support, and to do no harm. Fomentations, blood-letting, bathing, and glutinous or mucilaginous substances—few in number compared with the vast array of substances known to and utilized or abused by us—were his armamentarium in pneumonia and other feverish diseases. Two thousand years after him Sydenham followed the same rules.

Without any increase of positive knowledge, Asclepiades and the Arabs cut loose from the teachings of simple clinical experience. Particularly the latter built up a confused mass of therapeutic measures. Their numberless old and new medicinal internal and external aids and appliances remind us of the detrimental activity displayed by the worst class of our wholesale nostrum vendors and the frauds of modern meretricious practice.

One of the greatest men of medicine, Albertus von Haller,

was the innocent cause of a nefarious change in therapeutic practice about the end of the eighteenth and the beginning of the nineteenth century. His theory of irritability and his assumption of a general vital force subjacent to and controlling every local function, gave rise to two systems of therapy which reigned supreme in many decades; viz., those of John Brown, in England, and Giovanni Rasori in Italy. Both believed that local diseases, such as pneumonia, were manifestations of a general affection and required no local or especial treatment. According to Brown, whose teaching was not adopted by the practical common sense of his own countrymen but attained supremacy in Germany, and through the writings of Benjamin Rush in America, all diseases depended either on depressed or on excited vital force, mainly the former, which required stimulation, while the latter demanded depression. Meat, alcohol, opium, camphor, musk, ammonia, were his main remedies. While most of Brown's diseases were asthenic, they were sthenic with Rasori. Tartar emetic and venesections were his principal resorts in pneumonia. His methods were adopted over a large part of Europe into the second half of the nineteenth century. The great Cavour was treated for his malaria with interminable blood-letting until this saviour and hope of modern Italy was killed by his physicians. Rasori's teaching, which was also that of Peschier, was obeyed in the best medical schools of Europe. Under the orders of my revered teacher, Friedrich Nasse, at Bonn, in 1849-1851, and the supervision of his clinical assistant, Doctor, now Sir Hermann Weber, of London, I treated in 1850 old Abraham, 78 years old, with large doses of tartar emetic and two venesections, one on the cephalic, one on the saphena, until he—survived.

After 1853, I did the same things in New York practice. Most of my pneumonia patients were bled, some on the saphena. To my credit, I may add that after a few years I became less sanguinary, though Payne of the University Medical College was still alive and teaching. Gradually both Brownianism and Rasorism underwent slight modifications. Rasori relied mainly on antimony—its oxysulphuret was the subject of one of my first New York publications—emetics, narcotics, and digitalis, which he considered to be a sedative; Brown on nutrients and tonics, stimulants and analeptics. Amongst the latter, warmth or heat, and digitalis held a high rank.

By and by, universal vital force was no longer the underlying **general** support or danger of everything in physiology and nosology; its presence or absence was considered in its local influence on the heart, the nerves, and the blood. Weakness of the heart was treated with alcohol, digitalis, camphor, and cold

bathing, and narcotics and nervines found their ready indications.

The therapeutical nihilism of Vienna was the result of the observation of unsuspected, and in part incredible, changes found at autopsies. A hepatized lung was not believed, when found at the autopsy to have ever been accessible to treatment or to improvement during life. Laennec's teaching at the same period was still anatomic, but anatomic lesions were found during life and not only after death, and not only they but the rapidity of their changes were appreciated. As these changes were known to take place spontaneously, so they were believed to be accessible to treatment, both internal and external. Abscesses and gangrene became amenable to interference, and resolvents, evacuants, and derivants reconquered their former standing. Inflammations and fever, however, became parts of the disease; unfortunately, in the eyes of too many even the disease itself, and antipyresis and antiphlogosis became the gospels and the guides of medical consciences. In 1861 Ernst Brand introduced cold water treatment in typhoid fever. Neither he nor Currie was the first to propose it, but it so happened that, about the same time, the clinical thermometer conquered the field of diagnosis. The reduction of temperature came to be looked upon as a general duty. That was accomplished by chemical aids when water did not suffice or was not selected for that purpose.

In 1820 Pelletier and Carenton dissociated quinine. As it cured the fever in malaria, it was introduced into the realm of pneumonia. Later on, the coal tar preparations, one after the other, were credited with effects unknown and unknowable. Antipyrin was introduced by Knorr in 1884; acetanilid, the joy of the antikamnia mercenaries and the shame of the Commission of the United States Pharmacopoeia, of what was called 1900 and was 1905, by Cahn and Hepp a few years later. And so on, **ad infinitum**. Old vegetable remedies did not lose their standing. Digitalis was often replaced by strophanthus, which was eulogized by Livingstone and Kirk in 1865, and strongly recommended by Th. R. Fraser. Veratrum and mercury came into their own again, and all the other important and unimportant therapeutic measures.

It is quite true, however, that the course of the pathologic process was not disturbed **much**, and was not shortened by treatment; that is the dogmatic dose always given us when we resort to physical or medicinal treatment. We are always told that all our medication, because it cannot improve—**so they say**—anatomical conditions, is useless. That is silly, for it should not be necessary to prove that a strong heart or a weak heart,

an active splanchnic circulation, or a hepatic obstruction, act differently in the process of pulmonary circulation and of absorption. After all, it is on these that the life of a patient may depend in a pneumonia. Finally, I wonder why we should be prevented from keeping the man alive who owns the lung, and why we should take our hands off the lung because it cannot be directly influenced, at least they say so.

As late as the middle of the last century pneumonia was a disease resulting from some internal disposition, whose nature, according to Chomel and many others, was unknown. It originated from mucus in the blood, from bilious or thin blood, angina, pleurisy or suppressed menstrual or haemorrhoidal bleeding. Now and then a local lesion, a pharyngeal wound, was mentioned as a cause of pneumonia. Centuries before, Paracelsus had said: "The body has been given us without venom. Whatever makes man sick is a venom that gets into his nature from outside." That was forgotten. Even the many ailments and accidents resulting from poisons were not utilized to correct the old theories; they lost their nosological dignity and were exiled to special books on toxicology. Semmelweis, who learned from Paracelsus and his own observations, was ridiculed and driven crazy; even Lister was looked on askance for his innovations. Still the study of wound infections had its influence on internal medicine, and in imitation of the aseptic measures of surgical practice other clinicians looked for internal antisepsis to fight internal disease. As that proved useless, the hunt after more antiseptics was continued, the Greek dictionaries were exhausted in the search for new names; the doctors were disappointed, but never hopeless, the manufacturers got rich, or tried to get rich, quick. Pneumonia, however, was not treated any better or more successfully.

Therapy has always been dependent on or connected with certain pathological doctrines. Its results are in due proportion to our ignorance, or knowledge, and to the difficulties to be surmounted. What little I could say of the trifling influence we appear to have in the different forms of pneumonia, seems to prove it. Better than mere empiricism is the proving of the effects of drugs, of which there are examples in Galen. Storck (1731-1803) made systematic researches in that line. He studied mainly narcotics, such as cicuta, colchicum, hyoscyamus, pulsatilla and stramonium. It has been said that Hahnemann was the first to embark in that sort of study. That is a mistake. The most important progress in pharmacology was made by experimentation at the hands of the men just named.

During the anatomic era, initiated by Bichat and elaborated by Laennec the master, and the Vienna school of Rokitan-

sky and Skoda, it was possible to distinguish between the erous, catarrhal, gelatinous, and cellular forms, with the differences in their clinical progress, but no indications could be derived from them nor was therapeutics benefited by them. The latter was still controlled either by a theoretical system which imprisoned the common sense of the practitioner, or by his discriminating intelligence which treated the individual patient according to the prevalence of either mild or dangerous looking symptoms.

Another era began for nosology and for therapeutic hopes when, some decades ago, a number of diseases were proven or supposed to be of microbic origin. If tuberculosis was the result of a bacillus, that bacillus had to be killed. Hot air blown into the lungs (Weigert) sulphid of hydrogen (Berget) into the rectum, were expected to do that, but did not. If pneumococcus caused pneumonia, the easiest way to cure the latter was to go for the coccus. That has been done without success. Evidently our views concerning its nature have changed, are improved and more scientific, but our art is not yet abreast of our knowledge of the indications. Bacilli and cocci take their own time; meanwhile, we have to turn away from them and again to the individual, who wants to get well, individually well, no matter how much you know of the essential nature or symptoms of the thousand fellows who have their own pneumonia, not his. Evidently your pneumonia is not that of your neighbor, for you are not he; he is a child, an adult, a senex, previously healthy or not, thin or fat, in good health or run down by care, work and starvation, or he has a pneumonia of a different etiology altogether.

The last few decades of nosology may be called an etiologic era. Under the influence of bacteriologic research the **causes** of pulmonary inflammations have increased, and the **indications** may be expected to change with them. The question is whether they can be fulfilled. The commonest form of pneumonia is that which depends on, or is complicated with, the diplococcus lanceolatus. This ubiquitous pneumococcus inhabits most of the normal mucous membranes. In the healthy it is found in the nose, mouth and pharynx. Its presence does not mean the existence of a pneumonia any more than the presence of a diphtheria or a tuberculosis bacillus on the intact mucous membrane signifies diphtheria or tuberculosis. To start a pneumonia the pneumococcus demands a proximate cause, low barometer, dust, exposure to severe cold, sudden changes of temperature from warm to cold, trauma of the chest. The lungs are not the only organs in which, during the disease, the pneumococcus is found. It is met in, perhaps causes, pericar-

ditis, endocarditis, nephritis, meningitis, pleuritis, conjunctivitis. Death may be caused by universal infection under symptoms of sepsis. Then it is found in the blood. It is **not** contagious. The etiologic indication is the finding and employment of an anti-pneumococcal serum. But it has not been proven that a soluble toxin is secreted in the infected animal body. A serum obtained from pneumococci which has been used to immunize horses, cows and rabbits is not antitoxic nor bactericidal, but Metchnikoff believes it stimulates the increase of leucocytes, and A. E. Wright that opsonin is formed—that is the name given to a protective body—both investigators thinking that thereby the cocci are made subject to phagocytic destruction.

The practical constituents of any hitherto known anti-pneumococcus serum are very doubtful. Anders has collected data with very unfavorable results. In Curschmann's clinic four died out of twenty-four cases. Roemer has made what is called a polyvalent "serum." It is not probable, however, that any serum which is credited with multiple effects will have any. Nor have we any proof that an antitoxin valuable in one infection will prove so in another. A few years ago diphtheria antitoxin was recommended against cerebrospinal meningitis. I have injected from five to forty thousand units into the spinal canal in quite a number of cases. So have others. The result was a temporary notoriety of what is called an author, a discoverer.

Let me again urge, though I am aware that everybody knows it, that the ubiquity of the pneumococcus without illness, is well known at present. One of the first to discuss that was Durek in *Deutsch. Archiv. f. Klin. Med.*, 1897. Lungs of children who did not die of pneumonia and lungs of domestic animals contained the diplococcus and other bacteria. Cultures of bacteria blown into the lungs of healthy animals caused no pneumonia; dust did; so did a mixture of cultures and dust. It is not the presence of pneumococci, but the fixation and their activity in generating toxins, which cause morbid tissue changes.

Acute lobular pneumonia does not run the more or less regular course of the lobar form. Muscles, including the heart, are not so easily or so early affected. Complications with pleuritis are not so common. Thus the danger may not be great in the beginning, but it lasts long, may fatigue and often exhausts the heart, or may terminate in suffocation, mostly depending on catarrhal congestion and oedema.

Interstitial pneumonia, synonymous with peribronchitis, runs a protracted course, with temperatures mostly high and of

long duration, with little or no cough, and incomplete recovery in most cases. Induration and retraction of the pulmonary tissue, ending in bronchiectasia, are common. They are the cases which after many years are frequently mistaken for tubercular infiltration of the apices and upper lobes. No thickening of the adventitia of the smallest vessels is noticed, like that in the white hyapatization of syphilis.

Complications with bronchitis are frequent. Then there is cough; also with pleuritis, also with lobular and lobar pneumonia. Then the consolidation or cicatrization of the tissues is a very early result; it appears very probable that the interstitial tissue is more than merely a mechanical support and a rounding off tissue. When the final contraction has taken place no treatment will prove effective. That is why iodides should be given quite early to meet the tendency to hardening. With the action of fibrolysin in subcutaneous injection, given to cause absorption of the organized new tissues, I have no experience.

Streptococic pneumonia does not begin so suddenly, nor with a chill like pneumococic pneumonia. It follows angina, diphtheria, scarlatina, or typhoid fever. The localization is disseminated, but after a while whole lobes may be affected by confluence. It migrates suddenly, the spleen is enlarged, it lasts days or weeks. No crisis. The cough is dry, evaporation scanty. Like other infectious diseases, it shows albuminuria. Diarrhoea is frequent, so is the combination with pericarditis, erysipelas and empyema. **It is contagious**, affects whole families, and is epidemic. The diagnosis from pulmonary consumption, when abscesses form and the process is protracted, is made by the presence of cocci to the exclusion of the tubercle bacillus. This form of pneumonia seems to have been known to Hippocrates, who gave a bad prognosis when a severe case commenced with nasal discharges; and for whom, when after a protracted and serious course the disease developed parotiditis and external abscesses, hope revived. Those who have faith in the efficiency of Marmoreck's or other anti-streptococcus serums in malignant affections, such as puerperal fever and scarlatina of bad type, should use it in these cases. I am sure that in a few of the worst cases of streptococcus infections the serum has served me well.

Both the infectious and contagious character of pneumonia were observed by Sir Hermann Weber in 1869. In the Jacobi Festschrift of 1900 he describes cases of a "pneumonia fever as an infectious fever, the prominent symptom of which is a lobar pneumonia." After an incubation of from eleven to thirteen days, his cases would run an acute course of from four to six days, were located in the lower lobe, and were very contagious. One developed great weakness of the heart, one neuritis, and

one a peculiar delirium, such as he has often seen in the rapid decline of febrile diseases.

Influenza pneumonia starts suddenly and develops slowly, is disseminated, is not always amenable to diagnosis by means of percussion and auscultation, and lasts long unless through congestion and oedema it kills by suffocation. Influenza pneumonia participates in the etiologic treatment of influenza, with all its failures.

The same may be said of pneumonias attending or caused by anthrax or by plague. They prove fatal in almost every case of the latter, in fifty or seventy-five per cent of the former. So far, we have no etiologic indication for treatment.

Typhoid pneumonia is of two different types. It may be the first and sometimes the only recognized illness before typhoid fever is diagnosed, or it is secondary to the changes which are early prominent in the bronchial mucous membrane. Crisis is very rare; even lysis is covered by the other typhoid symptoms. No etiologic indication for treatment of the bacillary infection. Not yet.

Tuberculous pneumonia, sudden or after a hemorrhage, with or without a marked chill; may last one or more months; it terminates in lysis, consolidation, or cavities. No treatment to-day for this pneumonia based upon its etiology. But either a more efficacious tuberculin treatment, or a serum to be found, may attain a local influence on the diseased lung. The tubercular pneumonia resulting from hemorrhage has the lobular type. Forty-five years ago I removed a stone from a baby of nine months by laryngotomy. The baby died five days after of lobular pneumonia. At the autopsy it became quite clear that the lobules affected had collapsed and become the seats of inflammation behind small or large blood coagula which prevented the access of air to the air cells.

Malaria pneumonia requires close observation and examination to be diagnosed. Begins with or without a severe chill, which I have seen renewed after a day or two. It may intermit, exhibits often a severe perspiration toward evening. At last there is here an etiological indication for the administration of quinine.

There is also a pneumonia which is lit up by a syphiloma of a lung or one that accompanies constitutional syphilis. Mercury and iodides are effective, but on the other hand Lewin speaks of them as occasional accessory causes of pneumonia.

Bacterium coli, bacterium proteus, also lepra, are connected with occasional pneumonias, either as causes or as combinations. No etiologic indications thus far.

When a pneumonia runs an unusually abnormal course the case is no longer simple. There are many cases of mixed in-

fection. A mere pneumococcus infection never causes gangrene, or abscess, or protracted absorption. Complications with influenza or tuberculosis are frequent. Old tubercular deposits may soften and become absorbable by a new infection with pneumococcus, with measles, or pertussis, naturally with the impairment of direct therapeutic possibilities.

Indications for Treatment.—Extermination of the living or other causes. If that cannot be done, prevent the living or other causes from exterminating the man. The principal indication is to treat the man, not the disease.

Some rules are valid for all sick with pneumonia—rest of body and mind, no visitors, no noise, no excess of light, no high temperature of the room-air, not higher than 60 or 65, not necessarily so low as Northrup recommends it in all cases; liquid food, milk diluted with cereals, milk diluted with hydrochloric acid according to the plan of Dr. J. Rudisch (dil. hydr. acid 1; water 250; milk 500; heat to boiling point); plenty of water or lemonade, or hydrochloric acid in water. Relieve the abdominal circulation and the diaphragm by a purgative, calomel, unless hydrochloric acid be taken; no heavy bedding; warm feet; mustard paste to the chest; mustard footbaths in bed. In very fulminant cases with excessive congestion and cyanosis; a venesection.

In the cases with cyanosis, dilatation of the right heart, and threatening oedema on the second or third day, a venesection with one or a few big doses of digitalis, the equivalent each of ten or twelve grains, may save life. Those are the cases in which a doctor is wanted, while a mild case may be served well by a nurse.

High Temperature.—It is understood that a high temperature is not a uniform danger. In persons suffering from an old heart disease, in the prematurely born, in the anemic of all ages it is so, or may be. Whether a warm bath, or a warm bath gradually cooled down, or a cold bath, or cold washing and sponging and friction, or a warm or a cold pack over chest and abdomen are indicated, or the local application of an ice-bag, depends on the individual case and the individual doctor. Forty years ago I could speak of a fair experience with cold water in typhoid fever, pneumonia, scarlatina, variola, ophthalmia, diphtheria of the conjunctiva, heart diseases, local inflammation, phlegmon, synovitis and peritonitis. It has served me well since. No uniform rules fitting every case of pneumonia can be given. It takes brains to treat lungs. The length of these remarks obliges me to be very brief in the description of medicinal agents; indeed, I may be permitted to be axiomatic.

The most frequent form of pneumonia is the lobar. Even in children one-third of the cases belong to that class. As

a rule, it runs its course in a certain number of days; it is self-limited. But from day to day the patient is under its debilitating influence. I appeal to the common sense and to the conscience of the individual practitioner for the decision of the question whether there should be in the individual case of his patient more or less food, more or less bathing, more or less medicinal stimulation. A fat person, a feeble person, a tuberculous person, an influenza patient, a child with lobular pneumonia, requires early stimulation. I have seen harm from neglecting it, never any from obeying that indication. As alcohol is in part eliminated through the lungs, I believe it is better not to give it during the first few days. Moderate doses of digitalis, strophanthus, spartein, caffeine, or ammonium (liquor anisatus better than carbonate) will be well tolerated, brace the heart, and may save the strength required for a speedy convalescence. Digitalin is no alkaloid. The preparations of most manufacturers are almost inert; they are unequal, and unreliable. Strychnine is given too much; indeed, it is abused. No myocarditis bears it well; in arteriosclerosis it may be tolerated in small doses; but you do not give medicines for an indifferent but for a full effect. The doses of strychnine must be large in the septic and the thoroughly anaemic.

Of the possible benefit derived from big doses of digitalis and of bloodletting, I have spoken. When expectoration is defective, permanent inhalations of crude turpentine have a good effect. Fill the room with the vapor, but do not annoy your sick friend with pots and kettles and towels near the bedside. As stimulants, I believe in camphor, also in benzoic acid, about a gram or more daily. When the stomach refuses to aid you, give your medicines subcutaneously. Camphor in four parts of sweet almond oil, sodio-caffeine salicylate or benzoate, one part in two parts of distilled water, a dose of 10 or 15 minims every two or four hours, or, in pulmonary oedema, every 15 or 20 minutes, until you are satisfied.

Dry pleurisy with its excessive pain, demands morphine, never internally, but subcutaneously. Internally it will have no effect such as you want; subcutaneously, that means locally over the seat of the pain, it will never fail you. It will not cure it, but will relieve, and aid in curing your patient who is anxiously searching your eye for immediate relief and final cure. Incessant cough and sleeplessness caused by pain, must be relieved by an opiate. You may kill your patient by not relieving him. The fanatic interdiction of opium in the cases of infants is copied from one text-book into the next by those who treat people at their desks, and not at the bedside. (Monthly *Cyclopedia and Medical Bulletin*.)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.
Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

OUR RECENT STATE MEETING.

The meeting in San Francisco was a success! Some of us did not stay as long as we wanted to do, and some of us did not get there at all, but still it was a good meeting. As a result of the energy of the various officers, there was a goodly attendance, a comprehensive program and lots of discussion of the amiable variety. Therefore, we say it was a good meeting and recommend the reader to the contributions from the new President and Secretary, which will be found in the proper department.

HOW TO CURE CONSUMPTION.

While doing a family practice in former years we treated our share of consumptives; and we still observe with keen interest the work being done in this line by others. To us the plan of attack is simplicity itself, and we venture to outline this very briefly.

By some practitioners consumption is classed as an infective disease, and the very ancient method of trying to cast out the devil is still pursued by the use of tuberculin and other alleged specifics. But as a matter of fact, consumption is a complication of wrongs in various parts of the human machine and the cure consists in correcting each of these wrongs—in building up a new machine. Strong, healthy people do not take consumption. Weaklings contract any infective disease read-

ily, and during the adolescent period they are prone to have consumption. Therefore, make them strong. That is the proper prophylaxis. Oversee their diet and exercise; look after their assimilations and excretions. Don't stuff them and don't overwork them. Don't strain them in any way. Just try for a proper physiological equilibrium, for this it is that brings and keeps good health.

But some patients already have consumption when first seen. Even so, the above treatment is not only curative, but it is the only curative treatment, and remembering always that these patients have a tendency to recover. Just a little help here and there is all that is required; being exceedingly careful at all times not to do harm. Let the disease alone; let fads alone; treat the patient gently. Sustain the vital forces. If the Mors test means anything it means that over 90 per cent of the people have had and recovered from consumption. Fortunately very few of them ever even suspected that they had it, and therefore received no treatment for that particular disease. A little medicine for "what ailed them" helped over the rough places in the road, and blind, unguided nature did the rest. With no change of climate, no exclusive diet, no change of occupation, no tuberculin course of treatment, almost all of the cases of consumption recover, and a considerable percentage of the remainder can be saved, also, if we go about it properly, treating each as a different and individual case. And the conclusion of the whole matter is to avoid harsh measures and sustain the vital forces.

You are all welcome and very much needed to help us to sustain and advance the cause which is at present most promising and encouraging. You will find the subjects discussed are good, practical and enlightening,—the exchange and interchange of thoughts and ideas on all subjects medical, surgical and bacteriological. The bacterium and serum cultures are explained with thoroughness, together with their usages and *modus operandi*. The theories take home with you for closer study and thought, so that you may deduce and understand their principles and apply them more intelligently, as we should do.

We have thus far cause to be thankful. We should all be enthused in our work and entertain a spirit of benevolence and candor for all things tried and true, and only in such a way can we claim to be true Eclectics.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary. Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 2 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on June 6th at the usual hour and place, with President Barbrick presiding.

The minutes of the previous meeting were read and approved.

Dr. Aisbitt reported three very interesting clinical cases which were discussed by the various members present.

Dr. Lawrence gave a report of the State Society meeting.

The following motions were presented and passed upon.

RESOLVED: That a vote of thanks be extended to Dr. Barbrick for his kindness in making all arrangements, purchasing tickets, etc., for the party attending the State Society.

RESOLVED: That a vote of thanks be extended to Dr. Lawrence for the splendid care he took of the Los Angeles delegation during their stay in San Francisco.

It was decided that the regular meeting for July be omitted because the various members attending the National meeting will not have returned and several other members will be unable to be present as the date coincides with our National Holiday.

The next meeting will be held on August 8th at the usual hour and place.

Adjournment.

P. M. WELBOURN.

Secretary.

J. F. BARBRICK, President.

OUR LAST ANNUAL MEETING.

The last California Legislature (the best one we have had in years) has adjourned after some very successful work. Among the things accomplished was the defeating of the various bills to strengthen the power of the medical trusts. "Well done, thou good and faithful servants." The task of the future is for us to go on with the good work we are now engaged in.

Our last meeting was bright, and I hope the next will be brighter and that they all will be filled with the success that marked the last one.

So come and be with us next year and be one of the workers. Come with your energy, new thoughts and suggestions to our annual conventions and intellectual feasts. You will find them instructive, wholesome and crisp and some new ideas and theory of yours might help the cause along.

Let us rally to the cause; it is a great one. Let us perpetuate the memories of the fathers and endeavor to raise the Eclectic standard with each consecutive year as we go marching on.

Eclecticism (from the Greek word *Eklektismos*—from *Eklegim*, meaning to choose).

Our school is a distinctive one. It was born of necessity and raised on American soil. Our **materia medica** is also distinctive, and being taught only in Eclectic Colleges no one can take it away from us. Our **materia medica** being far superior and safer is rapidly superseding the old-school **materia medica** and is replacing it to a large extent with greater safety to the patients, as results will show. The synthetics, on account of being so indiscriminately used, at present are being made to account for the recent number of sudden deaths and the many heart failures throughout the land. I would urge that a more conservative and intelligent use of them be made. The bacterins and serums should also be used very discreetly. That some of these synthetics, bacteria and serum cultures have a place in therapeutics I will not deny, but in many instances from indiscreet use, we have very discouraging sequels, which require treatment later—such as weakened hearts and systemic, blood and glandular disturbances (which we never have with our Eclectic remedies). Therefore, let me repeat again, it is far safer to assist than to force nature in her works; and in conclusion I would say to you always (**veri vitalis sustenents**) never use harsh remedies when kinder, safer and more reliable agents are at hand.

DR. VANDRE,

President State Medical Society.

**ECLECTIC MEDICAL SOCIETY OF THE STATE
OF CALIFORNIA.**

The thirty-eighth annual meeting of the Eclectic Medical Society of the State of California was held at Hotel Stewart, San Francisco, May 23, 24 and 25th. After an address of welcome by Dr. A. J. Atkins of San Francisco, the meeting was called to order by the President, Dr. John Fearn of Oakland, who conducted the three days' sessions in a masterly manner. One of the noticeable features of the meeting was the remarkable increase in attendance, being a decided gain over the previous years, the encouraging news of the Secretary, of others who were unable to be present on account of personal or business reasons but who showed their enthusiasm for the cause by sending in their dues and their apologies for their absence, the general feeling of perfect harmony that prevailed throughout, the reinstatement of men who had apparently slackened up in their enthusiasm in late years, and the many new applications for membership, and in fact the general idea so manifest at this meeting of all pulling together for the good of Eclecticism in our state certainly reflects great credit on our ex-president, Dr. Fearn and his officers. The papers presented were excellent, showing a great amount of work and care in their preparation, and the discussions were decidedly lively to say the least; in fact the papers were such that would provoke a lively discussion by all present, and I think that no one could leave the meeting who didn't consider that he or she had been greatly benefited by listening to the papers and discussions, and that their ideas had been broadened by coming in contact with various physicians from the different parts of the state. So from the attendance and enthusiasm shown at our last meeting and from correspondence with physicians throughout the state, we may look for a larger and better meeting next year and a bright future for the cause of Eclecticism in California.

The following officers were elected to serve for the year 1911-1912.

President	H. Vandre
First Vice-President	Hanna Scott-Turner
Second Vice-President.....	J. G. Tomkins
Cor. Secretary	Ira Wheeler
Rec. Secretary	H. Ford Scudder
Treasurer	J. A. Munk
Censors.....	J. B. Mitchell, O. Newton, A. J. Atkins

The next meeting will be held in San Francisco, June, 1912.

H. FORD SCUDDER,
Recording Secretary.

MICHIGAN STATE ECLECTIC MEDICAL SOCIETY.

The thirty-fifth annual meeting of the Michigan State Eclectic Medical and Surgical Society, was held June 7th and 8th at the Hotel Griswold, Detroit, Mich. While an off year in point of attendance and papers presented, the Society transacted two very important matters of business. It unanimously passed a resolution to affiliate with the National Eclectic Medical Association, and it also unanimously condemned the Owens Bill.

V. L. Bell of Grand Rapids and Margaret Kellogg of Petoskey, were received into active membership, and John K. Sudder, Wm. N. Mundy of Cineinnati and Arthur W. Smith of Chicago into honorary membership. All the officers of the Society were unanimously re-elected. President C. H. Murphy, Lansing; First Vice-President H. A. Shafer, Detroit; Second Vice-President, A. L. Robinson, Allegan; Third Vice-President, F. B. Crowell, Lawrence; Secretary, Joseph E. G. Waddington, Detroit; Treasurer, H. G. Palmer, Detroit.

The next place of meeting, Lansing, Mich., June 5th and 6th, 1912.

JOSEPH E. G. WADDINGTON,
Secretary.

COLLEGE NOTES AND VACATION ITEMS.

J. Fraser Barbrick, A.M., M.D.

Vacation Time:—During the vacation months the "notes" will of necessity be more or less uninteresting (if they were ever interesting, that is) as in the vernacular there will be "nothing doing". But we will try and conjure up something from time to time just to show the "boys and girls" that tho "out of sight they are not out of mind". And if any of the students who might have anything interesting to report—such as the matriculation of half a dozen of their friends for the ensuing year, etc.—will just drop the line to me they will receive my personal thanks and I will endeavor to hand the good news on to the rest of "the bunch" through this column.

The State Meeting and the College:—Well! well. well! did the Los Angeles delegation have a good time at the State meeting? I should say yes. And one of the things that touched us most was the interest and enthusiasm shown by men of the north for OUR COLLEGE. The majority of those present at the splendid meeting were either graduates of this school or had been identified with it, and surely it "warmed

the cockles of our heart" to note the pride with which they referred to that fact, and no experienced eye was needed to detect the loyalty and loving tenderness contained in every allusion to "our college". It certainly sounded good to us.

Student Notes:—Mr. C. L. Stammers remains in the city making up some preliminary work. Poor "Stam!" We have to open up the Assembly Hall, Lecture Rooms and Laboratories every morning for him, to keep him from expiring of Nostralgia.

Mrs. Alphonette Goff is spending the summer with her mother in San Fernando.

Mr. H. R. Evans and bright little wife, after a two weeks' vacation in the mountains, have returned to Visalia where Mr. Evans resumes his duties of assistant Superintendent of the County Hospital through the summer months.

Mr. H. T. Cox is spending a few weeks at his home in Long Beach before starting on an extended tour east, during which time he will inspect the principal hospitals and colleges of the cities east and will join the Dean in attendance at the National convention.

Dr. C. H. Ervin we are told has just celebrated a birthday; which one deponent sayeth not. Oh, how we wish we weren't beyond having birthdays.

Doctors Roath and Reinsmidt are plugging hard for the State Board. Here's hoping.

That Trip:—One of the most delightful ocean voyages it is possible to take is from our harbor San Pedro to San Francisco and return by either of those magnificent twin turbine steamers, Harvard or Yale. The Southern California delegation to the state meeting took this trip and had a truly enjoyable time. The party consisted of Dr. H. Ford Scudder of Redlands; Prof. E. R. Harvey, Mrs. E. R. Harvey, Master Neil Harvey, Prof. Oran Newton, of Long Beach; Prof. O. C. Welbourn, Mrs. O. C. Welbourn, Prof. B. Roswell Hubbard, Dr. W. J. Lawrence, Mrs. M. E. Garrett and the writer, of Los Angeles. On the trip up the "night owls", Scudder, Lawrence, Newton and ——— went to bed when the "milk" gave out and the following morning the whole party except Prof. O. C. played the game of "feeding the fishes" and "enjoyed themselves" (?) Prof. O. C. just chewed gum and enjoyed "hissself". I also chewed gum but,—well that's a different story. Our Dean, Prof. Munk went up by train but he couldn't resist the temptation to return by boat and voted it all right. Others present at the State meeting from the south were Dr. J. Park Dougall

of Los Angeles, who went up by "auto"; Dr. B. W. Scheurer of Long Beach and Prof. Hannah Scott Turner of Pomona. The week in San Francisco was an eventful one. Monday afternoon an auto trip to Golden Gate Park as guests of Dr. O. C. and Chinatown in the evening. Tuesday two rousing meetings A. M. and P. M. and a theatre party in the evening. Wednesday two more enthusiastic meetings and a splendid dinner and most enjoyable evening for us all from the south, with two of the dearest people in the world, Dr. and Mrs. Webster, at their home 1914 Myrtle Ave., Oakland, Cal. Thursday the two closing meetings, and as a fitting climax, "the lights of a great city and the Barbary Coast" in the evening. Friday the return trip by the S. S. Yale and Saturday back to lovely Los Angeles and the prosaic practice of medicine.

A Little Bird Tells Us:—That Dr. O. C. had the "recall" applied and had to return from the north Tuesday for an emergency operative case; that Lawrence drank too much "milk" and has had Adipsia ever since; that Prof. Hubbard gained both "flesh and good humor" while away; that Scudder had to "beat it"; that Newton "saw the sights"; that Dougall "lost his job" and that yours truly—oh, what's the use.

NEWS ITEMS.

WANTED: A physician in Los Angeles desires an assistant. Salary, one hundred dollars per month and an opportunity to have some time for himself.

Dr. B. R. Hubbard and Dr. W. J. Lawrence have moved into the Ferguson Building, Corner 3rd and Hill Streets, Rooms 600, 601, 602, 603.

Dr. H. Scott-Turner, Pomona, has returned from an extended visit in Pennsylvania. A short visit was also made in San Francisco and vicinity.

Dr. A. J. Compton, formerly of Elsinore, paid this office a friendly visit recently enroute to Charleston, W. Va. He also brought a collection of seeds from Virginia for the College Botanical Garden.

Dr. J. A. Munk, Dr. Q. A. R. Holton, Whittier, Mrs. Garrett, Miss Grace Monk and H. T. Cox formed a party leaving Los Angeles on June 15th for the National meeting.

GIFT TO NEW ENGLAND ECLECTICISM.

At the opening session of the second day of the 17th yearly meeting of the New England Eclectic Medical Association, Allyn Nouse, Hartford, Conn., Tuesday and Wednesday, May 9th and 10th, 1911, the Eclectic Medical College of the city of New York, by its special delegate, President George Washington Boskowitz, A.M., M.D., presented the association with a free scholarship, to be known as The New England Eclectic Medical Association's Perpetual Free Scholarship in the Eclectic Medical College of the city of New York, which generous gift, as unexpected as unsought, was appreciatively accepted.

This "Scholarship", which is for such properly prepared residents of New England as the Association recommends, will greatly stimulate northeastern Eclecticism, eventually.

FREDERICK WALLACE ABBOTT, M. D.,

Sec. of N. E. E. M. A.

BOOK REVIEW.

MERCK'S MANUAL OF THE MATERIA MEDICA.

(Fourth Edition.)

A ready Reference Pocket Book for the Physician and Surgeon. Containing a comprehensive list of Chemicals and Drugs—not confined to 'Merck's'—with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapeutic Indications, with interspersed paragraphs on Bedside Diagnosis, and a collection of Prescription Formulas, beginning under the indication "Abortion" and ending with "Yellow Fever"; a Classification of Medicaments; and Miscellany, comprising Poisoning and Its Treatment; and an extensive Dose Table; a chapter on Urinalysis, and various tables, etc. (Merck & Co., 45 Park Place, New York. 1911. 493 pages. Sent on receipt of forwarding charges of 10 cents, in stamps, to physicians, or to students enrolled in any College of Medicine, in the United States.)

Battle & Co., of St. Louis, have just issued No. 16 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

READING NOTICES.

QUININE WITHOUT EBRIETY.

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets". The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemierania), in the neuralgias occurring in anaemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—Medical and Surgical News.

IF THE STOMACH WERE A SACK.

If the stomach were a sack into which uncooked food and nauseous drugs might be thrown and be digested and absorbed into the system—then there could be no objection to plain crude cod liver oil. The stomach would use it just as it would the uncooked food. But since the stomach is not a sack, but happens to be a delicate organ, which will resent harsh treatment, uncooked food, nauseous drugs and plain crude cod liver oil are not good for it and against them it rebels. Our common sense warns against uncooked food; deference to the patient's taste guards against the administration of disagreeable drugs, and the manufacturing chemist has made it possible to give cod liver oil in palatable form. Hagee's Cordial of the Extract of Cod Liver Oil Compound is the most efficient and palatable of the cod liver oil preparations and its great value as a tissue food has won for it wide use at the hands of physicians.

A GOOD BISMUTH PREPARATION.

After an exhaustive study of the chemical and physical properties of bismuth and its compounds, the chemical experts

of Parke, Davis & Co. two or three years ago succeeded in perfecting what many physicians consider the most eligible preparation of the kind—Milk of Bismuth, P. D. & Co., a mixture containing the hydrated oxide of bismuth in suspension. The product is stable under all ordinary conditions of temperature and exposure to light and air.

The advantage which Milk of Bismuth, P. D. & Co., possesses over other compounds of the metal is the state of fine subdivision in which the hydrated oxide is presented. This insures its more thorough distribution over the mucous surface of the alimentary canal, upon which it exerts a peculiarly beneficial effect. Its action is not only astringent, but, as some writers have observed, it appears to have a specific effect upon certain lesions, as ulcers, causing them to heal. It is also an antacid and protective, and undoubtedly is mildly antiseptic. Each fluid-drachm of Milk of Bismuth, P. D. & Co., represents the bismuth equivalent of 5 grains of the subnitrate.

AN IMPROVED HYDRATED MAGNESIA.

An agent which undoubtedly deserves to be more widely employed than it is at present is magnesium oxide. While long held in high professional favor, many physicians in the past have refrained from prescribing it because of the many faulty preparations which found their way upon the market. Practitioners who have felt this restraint would do well to make a test of Milk of Magnesia, P. D. & Co., an improved hydrated magnesia which lacks the objectionable features of many similar preparations and which may be depended upon for uniform and certain results.

Milk of Magnesia, P. D. & Co., is a purely aqueous mixture, concentrated and active, each fluid ounce representing about thirty-two grains of magnesium hydrate. It does not contain sodium sulphate. It is entirely stable under ordinary conditions, remaining unchanged indefinitely. The product is valuable as an antacid and gentle laxative in dyspepsia, sick-headache, gout and other complaints attended with hyperacidity and constipation; in diarrhea due to intestinal fermentation; in gastric disorders peculiar to children in which acidity of the primae viae is often a prominent feature; and whenever gastric irritability and deranged function are present, as evidenced by nausea, gastralgia, eructation, pyrosis and other manifestations of hyperacidity. It is pleasant to take, being readily accepted by children and persons of fastidious taste.



A. F STEPHENS, M. D

The California Eclectic Medical Journal

Vol. IV

AUGUST 1911

NO. 8

Original Contributions

STAMPING OUT TUBERCULOSIS.

Ovid S. Laws, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Association.

"All the world is a stage and all the inhabitants are actors." These words are credited to the "Bard of Avon," and as usual he spoke correctly.

Whether this stamping out business comes under the head of tragedy, comedy or farce, it is a little difficult to tell, but I suspect they are played by turns. The chief actors in these performances are the political leaders in the "Doctors' Trust," known as the American Medical Association, or a clique thereof. Whether microbes were included in the primitive creation or not I do not know, but I think they were, as there is no proof to the contrary. Hence it seems decidedly farcical for a lot of actors to try such a thing as stamping them out. The bacillus tuberculosis has evidently been here as long as man has, and will surely stay as long as man stays. Stamping out one of Nature's products that was put here, doubtless for a good purpose, is decidedly farcical. About as well talk of stamping out the dust of the earth.

Whereunto then shall we liken these political doctors who are dominating and disgracing the American Medical Association? They remind us of a joint stock company of highwaymen, who bob up singly or in small bands, and occasionally in great numbers to frighten the people so as to rob them without resistance. Their strong point is to make the people feel thankful to be only robbed and not imprisoned.

While pretending to stamp out tuberculosis they are stamping in a microbe that is not yet visible, but more harmful than the other. But as that draws the crowd and adds to their income immensely, they fan it to the four winds in every possible way. Bacillus Formidatus is the classical name—the microbe of terror. A mild form is the bacillus metus, or the microbe of fear.

In old Kentucky they have established an annual Tuberculosis day. This year it was on the 30th day of April, and the whole state is the stage. Two hundred preachers are to preach in two hundred churches, to 200,000 people on "TUBERCULOSIS." "They want that many to be thinking about it at the same time." The doctors will be sitting in the pews and make catspaw actors of the preachers. Of course the doctor furnishes the outline of the sermon with big scare heads to frighten the people. This will be the biggest stage performance of the kind on record and may prove highly tragical. For, in every congregation will be some sensitive souls who will imagine they are the victims of tuberculosis, and we may expect the 20,000 already reported in the state, to be doubled by the bacillus metus—microbe of fear—before the next annual performance. The above facts and figures were obtained from a report of the secretary of the State Medical Society of Kentucky. Whether those preachers will allow themselves to be the innocent tools for searing the people into a political trap remains to be seen. Every state is now being besieged by this Medical oligarchy, whose seat of power is in Chicago. By an act of state federation they manipulate every move made. The avowed purpose is to get legislation to compel the people to submit to their dictation in everything medical, and much more. Hence this faree in Kentucky. But the preachers may have a vision and disappoint the "machine."

Professor Frank Lydston, of Chicago University, who is a member of the A. M. A., calls this clique of political doctors an oligarchy, despotie machine, and such like. Surely we will be exeused, then, for using the same terms and seeing through all their hypoeritical attempts at stamping out things. Greediness for money and power stands out in every move on the stage. Only a few days ago we had a fine comedy by one actor. Suddenly the curtain went up, and Dr. Flexnor, of the Rockefeller institute, rushed to the front and shouted that, "In six months he would be able to eure infantile paralysis." He "had not been able to SEE the microbe yet, but had found how it got into its vietim," or something like that. With these mighty and startling words he suddenly left the stage and the curtain fell, not giving his astonished audienee time for a single encore. A new serum will come out in about six months to slaughter that invisible microbe. Then up will go the curtain, and Flexnor will give another performance. He is one of the A. M. A. oligarchy, and well he plays his part. He may have seen the footprints, or found the den of that invisible microbe, and will set a trap for it.

This Chicago machine, although a small part of the A. M. A., dominates that body under protest. So we are glad to know that the majority of that great body are respectable citizens and have a respect for the people's rights. Both kinds are here in California, and fortunately we have a divine rule by which we may know them. The Great Teacher, in speaking about wolves coming in sheeps' clothing, said, "By their fruits ye shall know them." Now let us look at the machine stage-work in our own state legislature. In the first act last fall a lot of doctors got into our primary elections and were finally elected to the state legislature. Every one showed on the stage at Sacramento, so far as I have been able to learn, that he was working to fasten a tentacle of that monster Chicago octopus upon California.

I got a copy of Assembly Bill 964, by Dr. Cattell. A close study of that bill quickly gives the actor away. It would simply set up a despotism similar to the Spanish inquisition, and will end that actor's political life. I shall preserve my copy for future reference and finally for the museum! It pretends to be in the interest of the public schools. It talks of health and development, but by the time you get through you see a \$4,000 00 tyrant, called a doctor of course, enthroned somewhere in the state, with strings all over the state, capable of setting up or pulling down whatever the machine wants set up or pulled down. The keynote of this whole machine business is **compulsion**. Fine or imprisonment, or both, for any violation of their silly edicts. But back of the stage where Dr. Cattell played his part you see an army of these "machine" doctors who expected to get on the pay roll of the state. Church and state over again, or at least the same despotic spirit.

Fortunately we had the spirit of insurgency and medical freedom abroad in our state this year, and the cloven foot in these "machine bills" was readily discovered, which would have enslaved our schools, corrupted our teachers and doubled our taxes in a few years.

Send no more doctors to the state legislature to draw salaries while working to plant a political cancer on the fair bosom of our state. Keep them out of Congress, also, by all means.

Stamping out tuberculosis is an old story out here, so the stage acting was turned to demoralize our public schools. Why is it that these machine fellows, who **pretend** to be so solicitous for the public health, never mention or attempt to remove the chief cause of tuberculosis? Dissipation opens the way for all kinds of diseases. It lowers the vital forces, and some form of disease is the result. This being the case, as all doctors should

know, why not compel people to avoid dissipation? This is really not so **absurd** as the compulsion usually sought. Make it a misdemeanor to **drink beer**, or any intoxicant, or to use **tobacco**, or to go to the dance halls, theaters or brothels, or to conduct or own such places, and enforce the law to the letter, and you will wipe out the chief causes of lowered vital forces. All people can see that this is true, but who would advocate the remedy? No one, of course! Whenever our "machine doctors" advocate the necessity and show how to get rid of the channels of dissipation they may get some credit for sincerity. But they never do this. Fat salaries for invisible benefits are always in the bill when they come on the stage.

Let me say, in closing this outline, that when all the people stop all forms of dissipation, and live pure Christian lives, tuberculosis will soon begin to stamp itself out.

ASTHMA.

Dr. W. L. Huckaby, Winchester, Tex.

Read before the Texas Eclectic Medical Society.

Having had the subject of "Asthma" assigned me, I will submit to you this paper for consideration and discussion. I know that this topic is well worn, both in theory and by practice, and I realize that my experience in treating this disease has been limited compared to that of others. However, I have had a few cases.

I shall not tax your patience nor consume your valuable time in giving the Etiology, Symptomatology, Diagnosis and Prognosis in detail, or quoting authorities at length, but will give a synopsis of all and outline my mode of treatment in as few words as possible.

Asthma is a condition of dyspnea depending upon a spasmodic contraction of the bronchial tubes and bronchioles. Most commonly the disease follows bronchitis in some of its various forms. This disease induces irritability of the terminal filaments of the nerves distributed to the mucous membrane of the bronchial tubes. It is very often produced by reflex action in diseases of the skin, nasal cavities, ear, heart, stomach, bowels, kidneys, genital organs or rectum. It is claimed that the disease is hereditary in about one-half of the cases.

Treatment—in uncomplicated cases:

I have accomplished satisfactory results from the use of SpM Grindelia Robusta in doses of ii to x gtts. frequently repeated.

In simple spasmodic asthma, with complete relief between attacks, lobelia or gelseminum, according to indications, an-

swer a better purpose. When cyanosis enters to form a complication, quebraço seems to meet the indications better. I use the fluid extract in doses of xv gtt. xxx gtt. every half hour. In cases arising from reflex causes, we endeavor to remove whatever organic disorder that may be present, no matter where located, after some anti-spasmodics have been prescribed to give present relief. We will now call your attention to a few cases not treated with above remedies. Case 1—a man about 35 years old. I found him suffering with asthmatic breathing, which had not occurred before; tongue full and slightly coated yellow, tissues all full, bowels constipated, a few external pile tumors, which were paining him considerably.

Gave him the following treatment with good results:

Santonine, 1 gr.; Podophylin, 1-6 gr., repeated every hour until bowels moved, then three times a day for three days.

Rx SpM Collinsonia gtt. x

SpM Aesculus Glabra ʒ j

Aqua qs ʒ iv

Sig.—A teaspoonful four times a day and at bed time.

Rx SpM Eehafolta ʒ j

Dist. Ext. with hazel ʒ iii

M. Sig. Applied to tumors on cotton 3 times a day.

The Santonine was given in this case for its reputed power in controlling reflex irritation.

Case II—Mrs. B., age 24 years; mother of two children. Found her anaemic, emaciated and nervous, suffering from asthma and dysmenorrhœa, which had troubled her at her menstrual periods for several months. There was extreme tenderness on pressure in the left ovarian region and lower part of the spine. Skin dry and harsh, pain in back and thighs, temperature 101 degrees. I immediately had a hot hip bath given and rubbed dry, after which applied Libradol over tender ovary and prescribed the following:

Rx SpM Polygonum.

SpM Macrotys aa ʒ j

SpM Pulsatilla ʒ ss

SpM Gelsemium ʒ iss

Aqua qs ʒ iv

Sig.—A teaspoonful every hour until menstrual flow is free.

After second dose she dropped off to sleep, skin was moist and breathing was almost normal. In four hours menses was free and easy, breathing normal.

Six days later I made a visual examination with speculum and found the os uteri and cervix swollen and ulcerated. After

cleansing the parts the os and cervix were painted with tr. iodine. I then directed her to use a vaginal douche of liq. Asepsin in warm water every night and apply Boracic acid and Sp Calendula (which I prepared) on a cotton tampon, placed high up against mouth of womb at night and removed next morning.

Then the following was prescribed:

Rx SpM Tiger Lilly.

SpM Macrotys aa ʒ iv

SpM Mitchella

SpM Pulsatilla aa ʒii

Elix. Lac. Pepsin qs ʒ viii

Sig.—A teaspoonful every 4 hours during the day.

Rx Howe's Sol. Iron ʒ j

Sig.—Take five drops in water 3 times a day before meals.

Continued this treatment for two months, at the end of which time she had gained ten pounds in weight, had a good appetite and had an easy and free menstruation at the proper time. She had no further trouble with the asthma.

Case III—Early one afternoon, while attending a barbecue and picnic, I was called upon to render assistance to a very stout, robust lady about 30 years old, who was suffering from asthma. I had her clothing loosened, under which there was not ample room for her lungs and dinner. Having nothing with me except my hypodermic case, I gave her an injection (in the arm) 1-20 gr. of Apomorphia, which soon relieved her of her barbecue and pie, after which she spent a very pleasant evening.

PNEUMONIA.

J. G. Tomkins, M. D., Oakland, California.

Read before the California Eclectic Medical Society.

Mr. President and Fellows:

There is a belief not limited to any one school of medicine, but shared in by a good percentage of every school of medicine, that Pneumonia is a self-limited disease, and no medication can abort it. To combat error in any of its forms is the duty of every doctor. Theory remains theory until proven by facts; therefore I write this paper expecting it to be thoroughly criticized and corrected if wrong, or strengthened if right. In the first place, if Pneumonia cannot be controlled or even influenced by medication, and the patient will get well or die, as predetermined at the onset of the disease, why is it that a doctor holding that view who was called to such a case, goes, and is as strenuous and persevering as the Optimistic doctor in giving Medicine, hiring trained nurses, observing and direct-

ing Sanitary Conditions, and regulating diet and charging for every visit while tacitly declaring, it cannot be influenced by any effort he may make? Will he answer "to watch for Complications," then I say, if the Original disease, the cause of the complications cannot be influenced by medicine, what strength is there in the slogan, "**Remove the cause.**"

I myself have had four distinct and well defined attacks of Pneumonia, and know I have jugulated two of them; of these I will simply state how they were contracted and controlled, the details to be drawn out in the discussion of this paper, and answers to objections. In the first of these two cases, I was on my way to New York to take a postgraduate course. We were going over the Rio Grande Railroad, and at the elevation of 11,000 feet above sea level, made a stop. I, with others, got off to exercise on the platform, running, jumping, etc. Suddenly, I could not breathe, except by short inspiratory effort; two-thirds of my lungs were closed by congestion of the blood supply. I instantly recognized my heart had been weakened by nerve shock, probably affecting the pneumogastric (Vagus) nerve. If that was the cause what was the remedy? A stimulant sufficiently quick and strong to overcome the weakened nerve force that controlled its circulating powers. I immediately, I might truthfully say, instinctively, went into my section of the train and drank **freely** from the whiskey flask. What was the result? Restored circulation and normal condition. I probably drank more whiskey in that one drink than I have ever drunk in any one year of my life, and yet, it produced no **abnormal** condition, but I also believe had I have hesitated five minutes the congestion could not have been thus overcome, and would have developed into a case of Pneumonia.

Case No. 2.

I was at Santa Cruz, California, on a vacation. I was very fond of diving through the breakers and swimming. One morning, feeling in splendid health and vigor, I went into the water for a swim. In about ten minutes after entering the water, I felt a nerve shock in my lungs. I had had one experience, as related, and concluded that this was from the same cause. I hastened to my dressing room, but had no emergency remedy at hand, and so lost time in clothing myself and going home with my wife. I was soon seized by the initial chill; I would rather describe it as violent rigors, in all parts of my body, after which Hyperaemia set in. I felt burning up, then vomiting. I felt "rocky". I got my medicine case and instructed my wife what to give me, and I think in her nervous

anxiety she gave me good measure, which consisted of a large dose of Spec Med Jaborandi, Spec Med Aselepias Tuberosa, and whiskey in water. During the remainder of the day, and into the night, I took Bryonia, Gelsemium and Veratrum as indicated, in small but frequent doses. I slept well for the remainder of the night, and in the morning, the bed and clothes had to be dried and aired in the sun, but I hired a team and drove to Felton and the "Big trees" over the mountain road. I have never dared to go into the bay since, having confirmed my suspicions in Lurline Salt water baths. Was I mistaken in my diagnoses, or was each a case of uncomplicated Pneumonia jugulated?

In Pneumonia (of which I have attended many cases) the inflammation arising from the congestion of the lungs spreads rapidly from day to day. I say: Combat the congestion and you cut short the disease. There is no doubt the disease is produced by a germ. When the congestion is brought on by a cold or by infection, or when suddenly brought on by nervous shock, if allowed to remain long enough to provide a "culture" for the germ, and in each instance the same results accrue, but in the one case, it is generally well established before a physician is called in, and in the case caused by shock, the patient is unable to account for the initial chill, the feverish condition, the pain in the chest, and maybe cough, and not until the "Culture" has had time to establish the germ in its comfortable quarters is the doctor called in.

I have attended many cases of complicated and uncomplicated Pneumonia, and have never lost a case yet, thanks for the unvarying purity and unerring strength of Lloyd Spec. Med, having used them for more than 20 years, and no druggist can fill my prescription or have my patronage, who does not care to lay in a sufficient stock to meet my wants.

I usually begin my case with Calomel et Soda tablets aa grains ss, one tablet every half hour until eight (8) are taken, then follow with Cit. Magnesia q. s. and then treat the case according to age, temperament and indications. Those remedies which I have already mentioned will do to select from in an uncomplicated case. I never give whiskey or other alcohol unless necessary to give Jaborandi in large doses, and then only to sustain temporarily the heart's action. I prefer it to Quinine, except in any case, which shows periodicity, then in this, or in any other disease, Quinine Sulphate is my standby, giving it one hour before the expected periodicity in 3 to 5 grain doses as required.

I had one case of Typhoid complicated with Pneumonia,

in which I had to deal with Malaria first, the patient having lived in Stockton, and was brought to San Francisco for my care, in almost a moribund condition. After a thorough examination and diagnosis, I gave a twenty (20) grain initial dose of Quinine Sulphate. I had but little trouble with the Typhoid or Pneumonic conditions, and an uneventful recovery followed.

I may add in conclusion that when the convalescence of the patient is delayed by a high temperature which Veratrum or Aconite does not seem to control, give Salfene in 5 grain doses until effect is produced. In convalescing for the first two or three days, the patient requires but little nourishment. After that time milk, beef tea or egg nog.

SURGICAL SUGGESTIONS.

Pulsating bone swellings are almost invariably sarcomata.—American Journal of Surgery.

Do not advise amputation for every case of bone sarcoma—the results of resection are about as good and not nearly so mutilating.—American Journal of Surgery.

The administration of thyroid extract in a case of delayed union after fracture will do no harm and may do good.—American Journal of Surgery.

The exhibition of the x-rays or the Finsen light seems to be the best treatment for post-operative keloids.—American Journal of Surgery.

Cicatricial stenosis of the uterus has been the result of too vigorous curettage and of the intra-uterine application of caustics.—American Journal of Surgery.

To avoid troublesome hemorrhage in operations for tuberculosis glands of the neck first expose the internal jugular vein.—American Journal of Surgery.

An apparently superficial tumor of the chest wall may be an intrathoracic growth that has reached the surface; an x-ray picture is indicated in any such tumor before its attempted removal.—American Journal of Surgery.

By constipating the patient, a high-seated rectal carcinoma may be pushed down within reach of the examining finger in the rectum. A **small** enema may balloon such a tumor within reach of abdominal palpation.—American Journal of Surgery.

Preparatory to and following operations upon the brain or spinal cord hexamethylenamine (“urotropin”) should be administered in liberal doses; Crowe has shown that formaldehyde then appears in the cerebrospinal fluid, and thereby minimizes the danger of infection.—American Journal of Surgery.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

F. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

OUR NATIONAL MEETING.

The recent annual session of our National meeting was a success in every way. The President, Dr. J. A. Munk, was on hand early to see that everything needful would be available as required. Very little friction developed because there was a can of oil always ready for just such emergencies. Dr. Munk is strong on doing things in time and certainly it may be said in this instance that "a drop in time saves nine." Many old timers said that it was the most harmonious meeting that they ever attended and they were audibly and constantly praising the President for such a happy state of affairs. The evening meeting, designed to educate the laity in things Eclectic, drew a good crowd and some there be who would like to see the innovation repeated.

The entertainment of the visitors by the local members was most enjoyable. Altogether it was a most successful meeting and the Eclectics of the Pacific Coast are quite proud that it was under the management of one of their number.

The officers for the coming term are:—

President, A. F. Stephens, M. D., St. Louis.

1st Vice-president, G. T. Fuller, M. D., Mayfield, Ky.

2nd Vice-president, Thos. Owen, M. D., Hinekey, Ill.

3rd Vice-president, Mamie M. Glenn, M. D., State College, Pennsylvania.

Recording Secretary, Wm. P. Best, M. D., Indianapolis, Ind.

Corresponding Secretary, W. N. Mundy, M. D., Forest, Ohio
 Treasurer, E. G. Sharp, M. D., Guthrie, Okla.

We take pleasure in presenting the likeness of the new president in the beginning of this issue.

MEDICAL TEACHING.

What subjects shall be taught in a medical college and the proper amount of time to be devoted to each is a big subject, and it therefore requires a great deal of space for its proper presentation. However, it is a subject of much importance to the entire medical profession as well as to the teachers and students, and should be discussed from time to time. Not that it is expected that a decision shall be reached, but rather that a proper equilibrium may be maintained. While the stability of the Eclectic craft is assured by virtue of the common sense of its members, yet this cannot be said of our friends of the regular persuasion. As our readers well know, certain of their reputed leaders have been teaching medical nihilism with an insistent freedom which has rocked their boat in an alarming manner. At various times indignant protests have appeared in their periodicals, but they apparently have produced but little effect. However, recently their really big men are making appeals calculated to check this "medical madness." One of these is particularly logical, and it is herewith reprinted; though, of course, we do not agree with all that is said. It is written by Prof. H. A. Hare, of Philadelphia, and it is well worth reading notwithstanding its length:

"It is my wish to present certain views upon the somewhat hackneyed subject of medical teaching, and lest my hearers be overcome with the dread of listening to a dry discussion of the number of hours to be devoted to given subjects in a cut-and-dried curriculum, let me hasten to assure them that no such fears need disturb their rest of mind.

The history of the world, whether we study it as to politics, commerce, scientific pursuits, or religion, reveals the fact that its constant progress is nevertheless marked at times by disturbances which produce in the minds of the conservative a firm belief that everything is "going to the dogs," which results, in some instances, in extraordinary progress, which is more apparent than real, and in retrogressions which to the enthusiast are as prophetic of evil as his views have been indicative of calamity to the mind of the conservative. As time goes by both radical and conservative perceive that after all things are better than before, and just as the forces of nature ultimately result in producing a general standard of life, so do the forces I have referred to produce a certain standard of education and learn-

ing which is better than before, in that the radical has forced improvements, although his enthusiastic efforts have been kept within bounds by his more conservative brother who may be fundamentally slow, but who nevertheless exercises a function equivalent to that of the vagus nerve on the heart. In other words, the radical pries his conservative brother out of his rut, and by so doing loses enough of his energy to keep him from rolling the radical pried one all the way into the gutter. At times the radical succeeds in the last-named effort and the result is disaster; at other times he succeeds only in making the conservative restless and irritable, and the result is beneficial in that he is made to find a new resting-place with better surroundings.

After all this is done, whether it be in politics, in commerce, or in education, the people in general, who have a very real interest at stake, become the beneficiaries of the disturbance and sum up for themselves a fairly accurate estimate of exactly where they stand. It is my belief that we have about reached this phase as to education in the medical school, if not as to preliminary medical education. We have not reached the ultimate goal, of course, and we never will, for the motto **ad astra** must always be with us, but as we climb the mountain of advancement it is well to rest on a ledge, look around us, and get a clear conception not only of what ought to be done, but also what can be done before we proceed.

It will usually be found in every climbing party that those of years and experience hold the younger ones in check, greatly to their annoyance, but often for their ultimate good, and these older ones, not old ones, act in this way not because they are unable to keep up, but because experience has taught them caution and given them ability to perceive conditions invisible to younger eyes. To use the words of the politician, they have "their ears close to the ground." Some of my friends will probably be amused to find me trying to belong to the latter class, but, with your permission, I shall endeavor to put forward certain views, and I shall be guilty of the paradox of forthwith plunging headlong into the subject to which this long preamble has led me.

In other words, what is the duty of the general or average physician? The answer is to put himself before and after graduation in such a way as to feel in his heart that he has used all the ability God has given him, and all the knowledge he can acquire, to care for those who come under his control. The knowledge that he can acquire may be properly divided into two parts: scientific knowledge in the sense of learning in all

those collateral branches of medicine which indirectly bear upon actual practice, and practical knowledge of how to actually care for and treat an individual who is ill. It cannot be denied that all knowledge is of advantage to its possessor, since its existence broadens the intellect and balances judgment. From the theoretical standpoint, and for that matter from the practical standpoint, a man can never know too much, but the question at issue is how much should he know before he attempts to apply what he has got and by applying it gain more, not only more in the sense of greater knowledge that he can learn from others, but more of that priceless form that can be gained solely by experience. This knowledge is universally recognized as of the greatest value not only by medical men themselves but by the laity, which gladly pays more for experience, whether it be in law or medicine, than it does for book learning.

Now the amount of knowledge which should be possessed by a man who wishes to begin the practice of medicine is governed in practical life by several factors: First, he must know enough of the fundamental departments of medical learning to be qualified to perform his practical work. Secondly, his course of training should be such that he knows how to apply this elementary knowledge, and furthermore possesses a training which permits him to actually treat patients. To illustrate my meaning, a man trained to be a first-rate pharmacologist is of no more use at the bedside as a practical physician than a man who has been trained by a Correspondence School is qualified to run an iron furnace or a rail mill. Thirdly, the time in his education when he should begin practice is governed by the time at which he is old enough to begin the study of medicine, and the time when, if he does not put his hand to the pulse, he will be too old to begin as a practitioner. In other words, I think it may be asserted that no man should begin the study of medicine before he is eighteen, and that he should begin practice not later than twenty-five.

This span of seven years is therefore the space in which all his medical knowledge preparatory to practice must be acquired, and the law has decided at present that four of these years must be in a medical school. Furthermore, every one, who knows anything about it, knows that a year should be spent in a hospital, and most of the large hospitals demand a term of eighteen months to two years of their internes, because their experience is that it is impossible for an interne to get good experience and give good service in less time. For example, each of the fourteen internes at the Jefferson College Hospital serves

two years, but has only about two months in each department. Here then is six years out of a possible seven fully utilized, even if the student begins on his eighteenth birthday. Lastly, there is another factor to be considered which is one of economical importance, namely, the cost of unproductive study over a term of six or seven years and the amount that the public are willing and able to pay afterward to compensate for this period of unproductive and costly labor.

This last point is one too often lightly regarded in academic discussions of this subject. However blessed is he who can minister to the sick, it is nevertheless a fact that in this workaday world he must earn the wherewithal to live, and his earning power is based upon his practical ability and the wealth of his patients. The reason so large a number of the profession earn a scanty pittance is not that their labor is not worth more, but that the people they care for have not got more to give. In other words, the unfailing law of supply and demand controls the practice of medicine as it controls all other human efforts. Furthermore, this inexorable law is not productive of evil, it is productive of good, for it eliminates the really unfit, and better still, stimulates the able to increasing effort. Indeed, it may be said that with scarcely an exception every man who has attained eminence in medicine started with such limited financial resources that he can well be said to have started poor.

Again, there is a humane side to be considered. Over very large areas of our country fees cannot be paid for medical attention that is based upon years of study in excess of the six or seven that I have named, yet the people in these areas need good sound medical care, and if they cannot get it for the means at their command will turn to the old woman, the charlatan and the patent medicine bottle. Pray do not misunderstand my meaning. I forcibly deny that I advocate cheap doctors who are only worth their cheap fees. I forcibly insist that the main object of a medical school designed for teaching general practitioners should be the preparing of their students to meet the exigencies of practical work. In other words, I urge that practical teaching be improved or increased before we attempt to increase or improve teaching in so-called scientific branches. At present the teachers of theory are waging a campaign which is endeavoring to supersede the teachers of practice, and are carving out of a mass of inexperience, hard and fast curricula which do not meet the needs of the man involved.

This endeavor is based upon the erroneous conception that each undergraduate student is destined to become an original investigator of the laboratory type, instead of a general practi-

tioner of the bedside type whose duties are as far removed from original research as are the duties of the astronomer from those of the captain of a transatlantic liner. The first investigates and makes new observations, while the second employs the results of original investigation. He guides thousands of persons to "the haven where they would be" as the result of old investigations and ordinary observations. The astronomer should not waste his time in studying practical navigation, and the ship captain should not, as a rule, attempt to be a great astronomer, but be an observer of the stars for the sake of utility. Each has his function, but the training of one does not fit the other for his task.

If we turn to pharmacology and therapeutics we find that today *materia medica*, as it used to be called, is practically no longer taught. Thirty years ago each of us had to learn that kino was the inspissated juice of the *Pterocarpus marsupium*. In place of such useless material, however, we are informed that the medical man should be a trained pharmacologist before he becomes a practitioner, and that a larger number of hours should be set aside for pharmacology than for practical therapeutic training. Even if this is done, however, the course is inadequate to make a man a pharmacologist of the crudest type, and the experiments performed have no bearing upon many of the chief methods in modern therapy, many of which rest on empiricism. At one of the oldest and best medical schools of the United States during the present year I am informed that no less than 200 dogs have been used in an endeavor to teach students pharmacology, and 20 rabbits had the superior cervical ganglion severed in order that the effect of cocaine on the eye on the two sides might be compared. Of what possible advantage is this to the man that expects to **practice** medicine in any department of his art? The hours so spent are wasted. They are wasted because they give no practical results, because they crowd out opportunities for gaining practical experience, and because they do not develop pharmacologists or original investigators.

A pharmacologist can only become such after months of careful laboratory and post-graduate training, and an original investigator is so rarely met with that it is safe to say that not one is to be found in every 500 men who properly graduate as qualified practitioners.

An original investigator is born, not artificially produced, as the artist is born and not made. Experimentation is the last field in which the young general practitioner has a right to wander. It is his duty to follow beaten paths, not to try new

routes, and for years after he begins his life-work he will find all his time taken up with improving his practical knowledge of well-known paths by study of medical literature and the study of his cases. Furthermore, the type of mind which develops into that of the successful practitioner is not the type that develops into the original investigator. To use the words of President Eliot of Harvard: "Investigators in any science need an unusual perspicacity or clear-sightedness in regard to its theories; they need, each in his own field, a full knowledge of the work already done, and a clear perception of the bearings of the most recent discoveries." Of these essentials to success how many has the ungraduate medical student?

The average general practitioner is not and should not be a laboratory investigator. The practitioner must follow the smooth highway already made safe and sure by the pioneer, and the hosts that have followed him. Yet at the present time the enthusiastic investigator, often possessed of more ambition than ability, to find new light, is endeavoring not only to advocate research for the student, but to form combinations to enforce his views—combinations as oblivious of the views and rights of others as are some of the combinations to which that now opprobrious term "trust" is applied. Bearing the banner labeled "reform" they assert that their proposals are for the betterment of medical men, and more important still, betterment of their patients. Practically without exception these well-intentioned members of our guild, whose actual experience as to practice is nil and whose laboratory experience is rarely in excess of ten years of teaching, attempt to instruct the practical teacher as to what he shall do and demand that hours devoted to practice be devoted to the laboratory. They wish the student to get all his practical training after, not before, he gets his degree, and in an endeavor to make all things fit their so-called scientific views they seek to establish east-iron curricula which are as far removed from accuracy and practical fact as possible. Thus, one of the greatest pharmacologists of today, in his classifications of remedies places antitoxin and castor oil in the class of "Ferments, Secretions, and Toxalbumins," and another places remedies designed to expel worms under the head of "Intestinal Irritants." Of what practical value is such an arrangement to the man who is called upon to treat diphtheria or a case of tapeworm? Such methods substitute the artificial for the real.

In no department of medicine is this tendency more notable than in Therapeutics, a department in which I have taught more than twenty-five years. It has become a custom in some

instances to place in charge of the chair which bears the title of "Therapeutics" men who are not clinicians, but who pride themselves upon being experimental pharmacologists. Often they have not had any bedside experience to qualify them for the consideration of practical therapeutic problems, and not uncommonly they are physiologists and chemists rather than medical men. Their wish to make therapeutics an exact science is laudable but too Utopian to be attained, for in all time the never-ceasing variations in the body in health and disease will require the art of experience as well as scientific fact.

In this connection I have read with much interest remarks made by Sir Clifford Allbutt, Regius Professor of Physic in the University of Cambridge, before the Therapeutical and Pharmacological Section of the Royal Society of Medicine of London. There is no medical writer who can place facts before his readers with greater charm and accuracy than Sir Clifford, and what he has to say always bears the marks of sound reasoning. He points out that the pharmacologist is one whose attention is concentrated upon a more or less abstract form of thinking about therapeutics instead of that of the practical man of medicine.

Sir Clifford then points out that students entering a pharmacological laboratory, thinking that they are going to obtain therefrom practical maxims or rules which will guide them in their work as physicians, will find themselves disappointed. It is not, in Sir Clifford's opinion, a practical way of developing their resources to lead them to expect immediately practical results from the researches carried out in the laboratory away from the bedside. On the contrary, Sir Clifford believes that the practical man must be, as he always has been, very much in advance of the researcher, and that while pharmacologists have thrown valuable light on some practical methods, most of these methods in themselves were known before the researches were carried out.

It is true that laboratories are necessary and science is essential, but therapeutics is not a science, or not science only, but an applied art, and in his opinion it may be a long time before science will "catch up" and come definitely to our assistance. In the meantime it is essential for the physician to meet the incessant contingencies of clinical experience, and in one sense clinicians are like pioneers or adventurers who must open up unsurveyed districts, breaking their way through the wilds as well as they can, although ultimately the pharmacologist is expected to note the various features of the region and lay out its road. But as Sir Clifford points out, it would have been a

poor thing for geography if adventurers had waited for the cartographers.

A student must not be impressed with the idea that all therapeutic measures are valueless unless they cannot be explained by pharmacology. On the contrary, he should be assured that apart from scientific laws and pharmacological proof he is entering into a great inheritance of empirical knowledge of infinite service, that will often prove of crucial efficiency and not rarely turn death into life. He should be assured that certain facts are the result of clinical experience even if they cannot be scientifically explained.

In other words, to use Sir Clifford's expression, it would seem that "the pharmacologist at the present day should be the follower, not the leader." We should endeavor to make medical students not merely trained men of science, but that which is the end of their being, namely, good clinical therapeutists.

Let me bring forward a few points in support of the view that pharmacology is not as yet sufficiently far advanced to permit us, as clinicians, to depend largely upon it. Clinical therapeutics and pharmacology must, it is true, go hand in hand, but pharmacology is not yet sufficiently complete to enable it to act as a foundation upon which the practical application of all drugs may be built. Unfortunately, some of the pharmacologists, largely because of their lack of clinical experience, have actually had the temerity to adversely criticise measures which long years of experience have proved to be valuable.

Amongst the methods of practice often resorted to by physicians, which the so-called ultra-scientific man attempts to criticise, with, we must admit, some show of reason, is the ancient method of relieving pain and congestion by means of counter-irritation. There can be no doubt that in many instances our knowledge of anatomy would seem to indicate that there is absolutely no direct nervous or circulatory connection between that part of the body to which the counter-irritation is applied and that part in which the supposed lesion or pain exists. But there is much evidence to indicate that there is anastomosis or connection, vascular and nervous, between widely separated portions of the body, and there is also evidence that as yet we know very little concerning these anastomoses of function if not of actual anatomical relationship.

Those who tend to criticise counter-irritation express the belief that application of counter-irritation over the epigastrium, or other portions of the body, cannot be expected to ex-

ercise any material influence upon the abdominal viscera, which, in one sense, have no direct anatomical connection with the abdominal wall, yet it is a well-known clinical fact that in gastric ulcer there not infrequently develops in the skin of the epigastrium a small and well-localized patch of hyperesthesia which is quite characteristic of the deep-seated lesion which exists beneath it. If, therefore, an ulcer of the stomach can produce excessive functional activity in the sensory nerves of the skin of the abdominal wall, it would seem reasonable to suppose that counter-irritation applied to this area may materially influence a deeply seated area. Certain physicians who are regarded as hydrotherapeutic enthusiasts have claimed that the application of cold to the perineum is sometimes effective in the control of pulmonary hemorrhage. We are not prepared to assert that this is true, but the mere fact that there does not seem to be any adequate explanation for it does not prove its incorrectness.

At first sight it would seem improbable that irritation, in one form or another, of the breast would have any direct or indirect influence upon the uterine muscle, yet women who have recently gone through the act of parturition will frequently assert that the application of the infant to the breast at once produces uterine contractions, which in some instances are almost as painful as those which resulted in the expulsion of the child. In connection, too, with the development of areas of tenderness on the surface of the body due to deep-seated lesions, it is interesting to note the statement of Dr. James Mackenzie in the issue of *Heart*, vol. ii, No. 1, in which he points out that he has constantly observed, in some forms of heart failure, that the superficial tissues in certain regions become tender on pressure; and further on, that he found a distinct relation between the degree of heart failure and the extent and severity of the hyperesthesia of the skin, muscle, mammary gland, and other tissues in the external body wall. Indeed, he goes so far as to state that the first sign of improvement in the patient's condition is nearly always the diminution in the tenderness of these areas, and that the most frequent sites for their manifestations are beneath the left breast, in the breast itself, in the pectoralis major muscle, where it forms the anterior wall of the axilla, in the sternomastoid and trapezius muscles on the left side and in the skin covering them. So, too, he asserts that when the liver is enlarged a similar hyperalgesia of the tissues on the external body wall covering this organ takes place. Along these lines, concerning the relationship of deep-seated lesions and superficial areas of hyperesthesia and anesthesia, the most

promising work has of course been done by Head in England, yet thorough and complete as his investigations have been, it seems probable that they are but the beginning of our knowledge concerning these important subjects.

In other words, there are innumerable illustrations of the fact that the clinical therapist often gets results by means, or methods, which are based upon empirical observation without being able to bring forward an exact explanation of how they do good. For the time being we must be content to let his knowledge rest upon his results, and hope that future investigation will explain in a scientific manner the processes in the body which are involved when he resorts to a well-trying and successful plan of treatment.

About a year ago a Professor of Pharmacology in one of our American schools published a paper in which he endeavored to show that certain procedures in addition to those named and commonly resorted to are futile. Thus, for example, he stated that chloride of ammonium, terpine hydrate, and benzoic acid have no expectorant effect in the sense of possessing the power to increase the secretions of "the pulmonary mucous membrane." The carping critic might point out that in this instance the pharmacologist is ignorant of his anatomy, since it is the bronchial tubes which possess mucous membranes, and not the pulmonary tissues, strictly speaking; but with this point we do not care to deal. The fact remains that chloride of ammonium in particular, and terpine hydrate, benzoic acid and its salts, are universally employed by competent practitioners as expectorants, and that following their use the quantity of mucus coughed up by the patient is for a time materially increased. It is brought up more easily, the patient rapidly improves, and is cured at a much earlier period than if these remedies were not used. The argument, therefore, that the chloride of ammonium is completely absorbed, taken into the portal circulation, and there quickly decomposed, and that it is ultimately eliminated as urea and partly as reformed ammonium chloride, and that it does not get to the bronchial mucous membrane as ammonium chloride, does not prove that the administration of the remedy is futile. The argument of the pharmacologist may seem correct, but his deductions are erroneous because even if his process of reasoning is perfect, the facts are incontrovertible. His argument only justifies the statement that chloride of ammonium does not act directly upon the mucous membrane of the bronchial tubes as

chloride of ammonium, and it does not justify him in making the statement that the remedy is not an expectorant.

So, too, he stated that the use of sweet spirits (**sic**) of nitre as a diuretic and diaphoretic is a fetish, and regretted that he is forced to "destroy this pretty little harmless delusion." Incidentally it may be stated that it is not "spirits" of nitre but "spirit" of nitre. He then proceeds to state that when sweet spirits (**sic**) of nitre is mixed with water before it is swallowed the nitre escapes and the only effect left is that of a very small amount of ether and alcohol which is negligible. This statement is made in face of the fact that within the last few years it has been repeatedly found by the clinician at the bedside that the sweet spirit of nitre lowers blood-pressure, just as does nitroglycerin, and that this lowering of blood-pressure is not imaginary but can be estimated by instruments of precision. Furthermore, if this pharmacological reclusé will, under proper conditions, take a dose of real sweet spirit of nitre, he will sweat more than if he did not take it, and if he repeats this experiment under proper conditions he will have diuresis to a greater extent than if he did not take it. Further, this theorist states that calomel acts as a purgative by its action on the intestine, does not increase biliary flow, and that the bilious purging is due to the fact that the bile is hurried through the bowel. He bases his assertions upon the well-known experiments which have been carried out by a number of medical men in patients who have suffered from biliary fistula. There is no question whatever that in these experiments the administration of calomel has not caused an increased flow of bile through the fistula, but this does not prove that calomel does not cause an increased flow of bile into the intestine. It may not stimulate the liver, but may have some action on the gall-bladder whereby that viscus is emptied. But whatever may be the *modus operandi*, it may be asserted that if he will take a saline purge, thereby sweeping the contents of the duodenum out of the bowel, estimate the quantity of bile passed, and some days later will take a full dose of calomel, or blue mass, and estimate the quantity of bile passed, he will find that however clever his mental deductions may seem to be, his biliary excretion will be increased more by the calomel than by the saline. After five or six copious biliary dejections have occurred the lower end of the alimentary canal will convince his brain that it is in error when it thinks that calomel does not increase the flow of bile. So, too, he asserts that the use of nitrohydrochloric acid has no more

influence upon the liver and its associated functions than any ordinary acid. Here again, if he will take full doses of sulphuric or hydrochloric acid on different occasions, and then for some days take full doses of nitrohydrochloric acid, he will find, in many instances, that bilious purging is induced. Many practitioners get results in hepatic disorders from the use of this acid that other acids fail to produce. So we repeat, it is the business of the critic not to condemn the practice of the man who knows by experience, when the condemnation is based solely upon what the critic thinks about it and not on what he knows about it.

With the statement that "colchicum does not cure gout" it seems hardly worth while to deal. We may not know how it cures gout because the pathologist at the present time cannot tell us what gout is, but there are thousands of medical men and thousands of laymen as well who know that colchicum does cure gout, or, to speak more correctly, relieves an attack of gout, although it may not permanently correct the metabolic disorder. Facts also contradict his statement that chlorate of potash is useless in stomatitis. The manner of its action may not be properly explained by those who employ it, but the fact that it cures the condition is incontrovertible.

Laboratory investigators are continually publishing results which contradict one another. Their constancy in this respect is quite equal to that of the general practitioner. Thus, for example, we find that for years past the laboratory worker has been asserting that alcohol never acts as a stimulant to the circulation, but always as a depressant, and that its employment on the part of medical men and laymen as a stimulant is utter nonsense. Now, we have published in the **Journal of the American Medical Association** of July 30, 1910, a very clever research by Brooks of Chicago, in which he points out that practically all the studies heretofore made upon the physiological action of alcohol have been impaired in value by the preliminary use of some anesthetic or by mutilation of the animal, and he describes the methods which he employed by which such factors were eliminated. He publishes a chart showing a very definite and pronounced rise in blood-pressure with an increase in the amplitude of the pulse. He believes as the result of his investigations that the dominant effect of alcohol, when circulating in the bloodstream, is to cause a gradually progressive lowering of blood-pressure, but it is evident that the primary effect is directly stimulant. The pharmacologist seems to have proved, beyond all doubt, that alcohol, given to animals, acts first, last, and

all the time as a depressant. The clinician has seemed to prove by bedside experience that in certain cases of disease, in which a depressant is contraindicated, it is a valuable remedy. Yet some clinicians have lost faith in teachings based on hundreds of years of experience because a handful of experimenters tell us that alcohol in dogs is not a stimulant. I, for one, don't believe it is a stimulant in the elementary sense of the word, but I know it does good when vitality is ebbing in low fevers and sepsis, that it restores circulatory equilibrium, probably increases bacteriolysis, and being burnt up in the system gives force to the body. Studies as to the effect of alcohol in disease cannot, except indirectly, be based upon its effects in health. In prolonged fevers alcohol is burnt up and protects the tissues. In health it is something over and above that which is needed in the metabolic processes. If we add fuel to a dying fire we bring it up. If we add fuel to one which already has all it can burn, we "baffle" it and impair combustion.

An article like that which I have quoted, in which calomel, spirit of nitre, and ammonium chloride were condemned, may do good by forcing the practitioner to regard all his therapeutic measures as worthy of careful analysis and study, but it does harm in that it leads the bedside clinician to the belief that those who are working in pharmacology do not know what they are talking about, and so diminishes his respect for a class of investigators who should be encouraged and who as a class are to be regarded with the greatest confidence. So, too, a publication of this kind generates a feeling of annoyance, the generation of which may not be harmful and which to the author may be amusing, but this feeling of annoyance has very much the same basis for its existence as has the feeling of annoyance which develops when John Jones meeting James Smith at the corner of the street coolly proceeds to assure the latter that he is not where he knows he is. James Smith would at once believe that John Jones was insane, or use a more descriptive phrase.

In the way of refreshing contrast we quote from an article contributed to the **Boston Medical and Surgical Journal** of July 28, 1910, by Tyrode, who is at once a clinician and a pharmacologist. He says: "In spite of the efforts of eranks on psychotherapy, dietetics, and physical therapeutics to abolish the use of drugs or belittle their advantage in the treatment of disease, these therapeutic agents have persisted and are still flourishing after the late passing period of therapeutic nihilism. This is very encouraging, because

unquestionably great good is being done every day by the proper use of drugs." And again he says: "It is unnecessary to defend the rights and accomplishments of drugs in modern therapeutics because the results obtained speak glowingly for themselves."

It is worth noting that the most eminent pharmacologists today recognize the wide space which exists between the study of physiological action and practical therapeutics. He who is perhaps the most eminent of them all in the English-speaking world (Cushny), has repeatedly, within the last few years, showed that he sees in the problems of the bedside an attraction with which the accuracy of the laboratory cannot compete, so that he is now devoting his time not so much to the study of the action of a drug on the dog as to applying the knowledge already gained to needs of man. He has served his day well in that he has emphasized the wide differences in degree and even in kind of result in these fields of research, and he struck the true note when he said in his recent Harvey lecture that "great caution must be used in applying the results obtained experimentally in therapeutics," the reason being not only that the dog is not a man, but that the effects on a healthy organism are not always produced in the presence of disease. Toward the close of his address are to be found these significant words:

"In animal experiments, one of the characteristic effects of digitalis medication is the rise of blood-pressure, which arises in part from the heart action, in part from a constriction of the arterioles. In patients the blood-pressure is rarely augmented by digitalis, and may in fact fall, as the general improvement sets in. This is, I think, due to the much greater efficiency of the vasomotor mechanism in man, which has been developed to permit of his assuming the erect attitude." And again:

"In the course of this investigation I have been struck by the small amount of accurate knowledge that we possess as to practical therapeutics. My experience has been almost exclusively in the laboratory, and perhaps I have expected too high a standard in the clinic, but in this field of cardiac tonics alone I see an endless vista of questions to be solved in the clinic if only accurate observations are available. There seems to me to be no field in which painstaking work is more required and in which the prospects of success are more promising than in clinical therapeutics. I would commend the cultivation of this study to any one who wishes to add to the general store of medical knowledge, and at the same time to devote himself to some line of work which will bear upon his own fu-

ture work. But we have enough of inaccurate therapeutics already; what is needed is not a statistical compilation, but an accurate study of each individual case and a careful and, if you will, an experimental investigation of each feature presented."

There is no man living in the English-speaking world today who has done so much to advance our ideas as to diseases of the heart and as to the accurate measures for their treatment as James Mackenzie, of London, with whom no less a pharmacologist than Cushny has thought it a privilege to be associated as a fellow worker. Possessing that gift of original investigation that has so often brought the man far removed from the advantages of postgraduate laboratory work to the very forefront of his profession, and at first practicing general medicine far from the scientific atmosphere of a great city, he has taught us more about the action of cardiac remedies in man than any one living, and has established a school of investigation such as always develops about the accurate worker in a new field. Fully appreciating and constantly using and devising instruments of precision for his work, fully acquainted with what animal experimentation has given us and will give us, and delivering the Oliver-Sharpey Lectures at the Royal College of Physicians in London on "Heart Failure," he has this to say of the difficulties of the well-trained youngster who has not even been busied with the work of the laboratory but who has had months of training at the bedside:

"Let us consider how the average medical practitioner acquires his ideas of heart failure. A young fellow has passed all his examinations and may have had some hospital experience as a house physician. He passes into general practice, and is surprised to find that diseases present very different aspects from what he expected. During his hospital experience he has seen many patients seriously ill from heart failure. In some murmurs have been detected, and the valve lesions have been regarded as the cause of the heart failure. The patients have died and the diagnoses have been verified, for the suspected valves have been found thick and shrunken, and the cause of death has been duly certified as disease of the valves. The manner in which heart failure has been brought about has been explained to him—the systolic murmur indicated incompetence of the mitral valve, the leak from the left ventricle had distended and embarrassed the left auricle, stasis in the lungs, with subsequent embarrassment of the right ventricle, had been produced, and this again had been followed by dilatation of the right ventricle, with subsequent tricuspid re-

gurgitation, irregularity of the heart's action, embarrassment and dilatation of the right auricle, back pressure into the veins, followed by dropsy and enlargement of the liver. This view has presented such a simple and intelligible explanation that he never dreamt of calling it into question."

If this represents the difficulties of the man well trained in the hospital, what are the pitfalls of the unfortunate fellow who has had precious opportunities of clinical observation displaced by learning how to use kymographs, oncometers, and zeitschreibers in the laboratory in his student days, when, as already pointed out, the time does not suffice to give him even a smattering of them? If the pharmacological laboratory is designed to make him think, the same end can be attained in the hospital ward.

But it is not alone in Therapeutics and Pharmacology that the endeavor to be ultra-scientific holds sway. In other departments of medical teaching we find the theoretical enthusiast trying to force his views upon his more practical brother. We find an endeavor being made to force all to a common level or established system in which the brilliant and stupid teacher and student are thrown together as if they were inanimate, not animate, things. Some standard there must be, of course, but this should be an average standard. It will have to be adjusted for the school that has no hospital of its own and for the school that possesses such opportunities for teaching. Many of the schools in which pharmacological laboratory work is placed on a pinnae put it there to cast a shade over the vacant spot where there should be a hospital. The student must be taught and taught well, but what shall be taught, how he shall be taught, and when he shall be taught is to be decided by the teacher as an individual and not as the part of a machine carrying out a fixed plan.

The action of almost all the important drugs can be better taught at the bedside than by laboratory courses in which the student himself makes actual experiments, notably digitalis, belladonna, aconite, the nitrites, the saline purges, and the diuretics; and what course in a pharmacological laboratory can teach the student the use of quinine or the action of calomel? Indeed, the latter drug is the opprobrium of the pharmacologist and the blessing of the practitioner and patient, every experiment made away from the bedside having utterly failed to inform us how it acts or why it does so much good.

The principle I would like to advance is that the student should be taught the physiological action of drugs, in all those cases in which their physiological action is known, not by half-

baked, incompetent experiments made by himself, and that his interest in the physiological action of drugs should be stimulated by showing him that the physiological action makes clear and intelligent the practical use of remedies. If any hours can be found in the medical curriculum for laboratory work in pharmacology, those hours should be taken for bedside therapeutics, in which course the effects of vasoconstrictors and dilators, cardiac stimulants and sedatives can now be accurately studied by the aid of instruments of precision.

In close association with this point is the question as to how many drugs should be brought before the student's attention while he is an undergraduate. At present I am free to admit that I have to teach him a larger number of drugs and a larger number of preparations of drugs than he will ever use, or ought to ever use, because only the "lieber Gott" knows what some enthusiastic examiner in a State Medical Examining Board will ask him. Some of these questions are useless, and absurd. In my own State the student has a separate examiner in therapeutics and materia medica. One question was, "What is the dose of santonin for a child of six months with roundworm?" How often does a child of six months have roundworm? As well ask the question, "What is the treatment for pyosalpinx at the age of two weeks?" I have known students who could tell the examiner that acetanilide is eliminated as para-amido-phenol sulphate, but did not know how to prescribe for a patient with diarrhea.

It is a fortunate sign of the times that the error of requiring every student to know a little of all drugs is being replaced with a recognition that he should know much of a few, and I cordially indorse the resolutions presented at the last meeting of the Association of American Medical Colleges, which were as follows:

"Whereas, The time devoted to the study of pharmacology, materia medica and therapeutics is necessarily limited; and

Whereas, The thorough knowledge of a small but representative group of medicaments is conducive to scientific progress in therapeutics; therefore, be it

Resolved, That the Association of American Colleges commends to the attention of medical educators and examiners the limited materia medica lists published by the joint committee of the Council on Medical Education and of the National Confederation of State Medical Examining and Licensing Boards, and the Chicago Medical Society.

Resolved, That the Association urge on the colleges and the examining boards the necessity for the recognition of the

principle underlying these lists, and for the early adoption by the boards of a materia medica list to which licensure examinations shall largely be confined."

The way to teach the practitioner-to-be is to lay down in well-developed form his elementary studies, and then, in the last two years of his course, to keep the practical application of this fundamental teaching always before him, so that the surgeon not only tells what to do but explains that what is done is based upon the anatomy of the part, the physiology of the part, and the pathology of the part. So, too, the teacher of clinical medicine and therapeutics can explain that the use of a drug in disease is not based on empiricism but because a given condition is to be corrected by the known effect of a remedy upon a given organ or set of organs. The man taught not only then learns how to treat a patient intelligently, but he is taught to think. The student who has a smattering of pharmacology as he can get it in the laboratory is nothing more than a poor mechanic, who soon finds that the knowledge of the effects of a poisonous drug on a frog is of no service when it comes to the effects of a therapeutic dose upon a man.

It may not be out of place for me to briefly detail what I believe to be the ideal course in a medical school for the preparation of a practitioner so far as treatment is concerned. In the first year he should have sufficient instruction in materia medica to familiarize him with the names of drugs and their useful preparations.

2. He should be taught doses and poisons and their antidotes.

3. He should make in the pharmacy laboratory with his own hands at least one representative of every type of official preparation, and have practical instruction in incompatibilities.

In the third year he should be taught the physiological action of drugs, and no sooner is the physiological action of a drug clearly described, and if need be, illustrated, than the practical application of this physiological action should be impressed upon his memory by the description of cases in which it will be clear how the drug brings relief. In the past the physiological action of drugs, or so-called pharmacology, has been divorced from practical therapeutics, so that even the graduate student has had difficulty in discovering that there is any actual relationship between these two departments of medical teaching. To describe to a student how the nitrites cause a fall of blood-pressure without describing to him as vividly as possible how this action relieves the agony of certain cases of angina pectoris is to miss the opportunity of leaving a

lasting impression on his mind, and hundreds of other illustrations of this nature might be adduced. In this third year, too, the official names, the doses and the antidotes of various preparations are once more studied.

During the fourth year the student hears fourteen lectures dealing with remedial measures other than drugs, as, for example, hydrotherapy, antitoxins and vaccines, glandular therapy, the use of heat and cold, counter-irritation, bloodletting and similar procedures, and throughout the entire year receives instruction in practical prescription-writing for hypothetical cases whereby he is taught not only the construction of prescriptions as to form and does, but gains additional therapeutic knowledge. This work is given to the class in sections by a demonstrator. There are also sixteen therapeutic conferences held by an assistant professor. The students are told that at the next meeting they will be quizzed upon the therapy of a certain class of diseases, and will be expected to write prescriptions on the blackboard for such conditions, which prescriptions will be criticised for the benefit of the class from the standpoint of construction, pharmacy, chemistry, physiological action, therapeutics and practical utility. During the third and fourth years also the students attend thirty general medical and therapeutic clinics, in which the treatment of disease is largely emphasized, and care is taken to point out not only the bearing of the physiological action of a remedy upon morbid processes, but the student is shown pathological specimens which are designed not only to teach him what can be done, but equally what cannot be done by drugs. Thus, a lung riddled with cavities teaches him that tuberculosis cannot be cured by expectorants, and a cirrhotic liver, far advanced in its process, impresses him with the idea that it is useless to disorder the patient's stomach by impotent medicines.

It is clear that in every well-equipped medical school students should be well taught to hold in the highest honor pharmacological investigation, and opportunity should be offered those who so desire to delve into this mine of knowledge. They should also be taught, as we have already said, that empirical methods should always be regarded with a certain amount of distrust, at least to such a degree that they will be forced to study them rather than to resort to them haphazard. Again, the physician should have a sufficient knowledge of chemistry and of the physiological action of drugs to prevent him from believing many of the seemingly attractive advertisements of the drug purveyor—at least until he has analyzed their character. Last of all, he must be assured that many of our most

successful therapeutic measures rest upon empiricism at the present time, not only because the pharmacologist has not as yet "caught up," as Sir Clifford puts it, but also because physiologists, pathologists and bacteriologists have not as yet advanced their departments sufficiently to enable us to explain the action of certain remedies. Indeed, as I have said on other occasions, one of the most remarkable things in medicine is the discovery of a multitude of invaluable means of treating disease, not by scientific research or deduction, but by a process of clinical experimentation and observation.

Experience shows that the laboratory pharmacologist, when he is taken ill, turns his back upon his theories and incontinently and voraciously swallows such expectorants or purgatives, or other medicines, as the lowly general practitioner may see fit to prescribe, because illness convinces him of the value of bedside experience, and his confidence is well placed, for he gets well. As the writer was a pharmacologist for some years before he became a bedside clinician, he has seen both sides of the shield, one in the laboratory and the other at the bedside. He is, on the one hand, an ardent supporter of pharmacological investigation, and on the other he has a wholesome respect for the results of clinical experience. It were better if some of the pharmacologists of the day would strive to be up-builders rather than iconoclasts, since by this means they would more successfully advance scientific medicine, and what they had to say would be listened to with greater respect. The average man wants to be shown how he can improve, not how mistaken he is.

The present time is one of which the pharmacologist should not cast discredit upon empirical therapeutics, and the clinical physician should not cast discredit upon experimental pharmacology. Each should support the other, and regard the results of each with respect and admiration, but nevertheless bedside therapeutics for the average medical student should take the foremost place, and pharmacological research should be considered as of secondary importance. Even if the time should arrive when all our therapeutic measures have a pharmacological foundation and every student has a clear conception of the scientific status of drugs, the man of bedside experience will still possess a priceless advantage which will make him of infinite value to all his clients, because he will have come to recognize that disease does not follow hard and fast lines of science, but varies in its manifestations as to the effect of drugs, according to the systemic peculiarities of the individual who may be ill.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary. Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 2 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

OUR LAST ANNUAL MEETING.

The last California Legislature (the best one we have had in years) has adjourned after some very successful work. Among the things accomplished was the defeating of the various bills to strengthen the power of the medical trusts. "Well done, thou good and faithful servants." The task of the future is for us to go on with the good work we are now engaged in.

Our last meeting was bright, and I hope the next will be brighter and that they all will be filled with the successes that marked the last one.

So come and be with us next year and be one of the workers. Come with your energy, new thoughts and suggestions to our annual conventions and intellectual feasts. You will find them instructive, wholesome and crisp and some new ideas and theory of yours might help the cause along.

You are all welcome and very much needed to help us to sustain and advance the cause which is at present most promising and encouraging. You will find the subjects discussed are good, practical and enlightening,—the exchange and interchange of thoughts and ideas on all subjects medical, surgical and bacteriological. The bacterium and serum cultures are explained with thoroughness, together with their usages and **modus operandi**. The theories take home with you for closer study and thought, so that you may deduct and understand their principles and apply them more intelligently, as we should do.

We have thus far cause to be thankful. We should all be enthused in our work and entertain a spirit of benevolence and

caudor for all things tried and true, and only in such a way can we claim to be true Eclectics.

Let us rally to the cause; it is a great one. Let us perpetuate the memories of the fathers and endeavor to raise the Eclectic standard with each consecutive year as we go marching on.

Eclecticism from the Greek word *Eklektismos*—from *Eklegrim*, meaning to choose).

Our school is a distinctive one. It was born of necessity and raised on American soil. Our **materia medica** is also distinctive, and being taught only in Eclectic Colleges no one can take it away from us. Our **materia medica** being far superior and safer is rapidly superseding the old-school **materia medica** and is replacing it to a large extent with greater safety to the patients, as results will show. The synthetics, on account of being so indiscriminately used, at present are being made to account for the recent number of sudden deaths and the many heart failures throughout the land. I would urge that a more conservative and intelligent use of them be made. The baeterins and serums should also be used very discreetly. That some of these synthetics, bacteria and serum cultures have a place in therapeutics I will not deny, but in many instances from indiscreet use, we have very discouraging sequels, which require treatment later—such as weakened hearts and systemic, blood and glandular disturbances (which we never have with our Eclectic remedies). Therefore, let me repeat again, it is far safer to assist than to force nature in her works; and in conclusion I would say to you always (**veri vitalis sustentents**) never use harsh remedies when kinder, safer and more reliable agents are at hand.

DR. VANDRE,

President State Medical Society

THE NATIONAL.

On June 19th there began to assemble at the big Seelbach Hotel, Louisville, Ky., what proved to be one of the most harmonious, enthusiastic and successful meetings of the National Eclectic Medical Association. President Dr. Munk and party arrived the evening before and took up quarters in the hotel. On the 19th, the Kentucky State Eclectic Medical Society held their annual meeting and completed their plans for entertaining the National. The Southern reputation for whole-souled hospitality was fully sustained by the Kentucky Eclectics. The sessions were held in the tenth (top) story in a large well-lighted, well-ventilated Assembly Room. It certainly was an ideal hall for

such a meeting. Some of the old timers who have "got the habit" of attending the National say it was one of the best equipped and most satisfactory places in which the National has met.

On the opening morning after the invocation by Rev. J. G. Minnigerode, Gov. Willson gave the address of welcome for the state, and Dr. Munk the response for the convention. Then Mayor Head welcomed us for the City of Louisville and Dr. G. T. Fuller of Mayfield, Ky., responded. Dr. Lee Strouse of Covington greeted us on behalf of the Kentucky Eclectics and Dr. Florence Truax of Atlanta, Ga., voiced our response. These were all in proper form and put us all in good humor. After this formal exchange of bouquets, the Convention got down to the real work.

The President's address was a studied, ably-prepared document, full of suggestion for the good of Eclecticism in general and held the closest attention throughout its delivery. Dr. Munk gave the impression of one who had something to say and was not afraid to say it. The monopolistic plans of the A. M. A. came in for a good share of attention and were handled without gloves.

The regular published program was put through on time with slight variations.

A matter of regret was the small number of attendants from the Pacific Coast. But the fact that the President of the Convention was one of them saved them from obscurity among the big fellows. The section on "Practice of Medicine" which was in the hands of California men was unfortunate in that its Chairman, Dr. H. T. Webster, and Vice-President, Dr. Fearn, were neither one permitted to attend and the responsibility fell on the Secretary (the writer). Another disappointment was the absence of Dr. Perce of Long Beach, who was down for one of the addresses. But Mrs. Garrett came to our rescue and at the request of the President, entertained the convention with a lively address on "Don't be a bat." It was refreshing to see the staid and ponderous members shake their sides with laughter at her happy hits and anecdotes. Dr. Perce will have to look to his laurels or the little woman who does things at the college office will eclipse him.

On Wednesday evening the Convention and public at large were treated to a splendid program in the Masonic Hall, one of the finest Assembly rooms in the city. Neither money nor pains was spared to make it a success. The large hall was well filled with many representative citizens beside the Doctors. Able addresses were given by Dr. Boskowitz of New

York, Dr. Ellingwood of Chicago, and Prof. J. U. Lloyd. The best music, instrumental and vocal, obtainable in the city was furnished. On the last evening the City of Louisville entertained the members and their friends at a high class Vaudeville Theatrical in one of the parks and the peculiar way some of the California delegation held on to their pantaloons when it was over and they started to walk away was suggestive of a lack of buttons. Ask Dr. Munk about it. They did laugh some, any way.

Altogether the convention was a great success, harmonious and enthusiastic. Dr. Munk's hard year's labor in arousing the sleepy, enthusing the discouraged and oiling the occasional points of friction, bore good fruit at Louisville. The Kickers were few and harmless. Eclecticism is more cemented and compact in its organization and hence in better working condition than ever before.

Q. A. R. HOLTON, M. D.

**RESOLUTIONS PASSED AT THE 32ND MEETING OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION
AT ASBURY PARK, N. J., JUNE 23RD, 1911.**

WHEREAS there is a persistent effort upon the part of the American Medical Association to establish a national department of health and thereby to infringe upon the liberties of the people in the free choice of a medical advisor and of the school of medicine by which they shall be treated and

WHEREAS there now exist several schools of medical practice, well patronized by the people of the United States, none of which is to be recognized by the projected department of health and

WHEREAS several of the large insurance companies have taken upon themselves to give medical advice to their policy holders and thus to further the policy of state medicine and the selfish and unpatriotic aims of the dominant school of medicine, therefore be it

RESOLVED that the INTERNATIONAL HAHNEMANNIAN ASSOCIATION in session assembled does hereby utterly condemn and protest against the passage of Senate Bill No. 1 known as the Owen's Bill and House Bill No. 11035, known as the Dyer Bill and all bills of similar import and be it further

RESOLVED that the INTERNATIONAL HAHNEMANNIAN ASSOCIATION resents the impudent meddling on the

part of commercial insurance companies with the medical treatment of private individuals and the practice of the family physician.

Signed J. B. S. KING,
Sec'y.

THE NATIONAL LEAGUE FOR MEDICAL FREEDOM.

A. F. Stephens, St. Louis.

We call your attention to this organization because it has been instrumental in successfully opposing the recent attempt at legislation calculated to destroy every method of medical practice except allopathy. It has been the means of saving your "bacon" and mine from the "worm" that never dieth; and if, in the future, our rights as medical practitioners are not violated it will be due to the fight this organization is making against the medical trust as represented by the American Medical Association. Our safety lies in the combined powers of all liberty-loving people. There, we urge every Eclectic to get busy **now**. Send to headquarters of the League for application blanks (all you need) and literature. Get your patrons and friends to sign these applications and forward to the home office. Join the organization. It costs you nothing unless you feel that this great movement for the rights of men; for liberty and justice deserves your financial support, then give financial aid in whatever amount you choose and can spare. But whether you and your friends give financial aid or not, send in your names and thus give the cause your moral support.

This struggle against restrictive medical laws which favor the allopathic school in medicine and would destroy all others is to be a gigantic battle, for all the power of authority and money possessed by the American Medical Association is being used to gain such laws, and therefore the greater the number of people opposing such legislation the less difficult it is to defeat it. This is no scare article but states a cold fact and depicts an actual condition confronting us today. **Do not forget.** Write today for the necessary blanks and do not stop until the last friend and acquaintance you have, who believes in justice and a square deal has been enrolled as members.

Address THE NATIONAL LEAGUE FOR MEDICAL FREEDOM,

Ashland Building, 315 Fourth Avenue,
New York City.

COLLEGE NOTES AND ITEMS.

J. Fraser Barbrick, M. D., Los Angeles, Cal.

OUR COLLEGE at the 41st annual convention of the NATIONAL ECLECTIC MEDICAL ASSOCIATION June 20-21-22-23, 1911 at the Seelbach Hotel, Louisville, Kentucky:— Doesn't the following list of representatives of the C. E. M. C. at the late National convention look good? Doesn't it look as though the old California Eclectic was full of vim, vigor, vitality and big men? First Prof. Munk, our Dean, presiding officer of the convention and chairman of the committee on Medical Colleges. Then Prof. O. C. Welbourn, member of a number of committees and the contributor of an important paper on the section of surgery; Profs. Webster, Fearn and Holton, respectively chairman, vice-chairman and secretary of Section 11, The Practice of Medicine, all contributing valuable papers on different subjects under this section; Prof. Perce listed for an address which we all know would have been a corker could he have been present and delivered it; and last, but not least, our Student Body Representative, Mr. H. T. Cox, "our own Coxie," who was a member of the Dean's party and was we believe the only Student Body Representative from any Eclectic college at the National. And did they boost for old C. E. M. C. at every opportunity? Well what do you think, you who sit at their feet and imbibe wisdom, Eclectic Medicine and other good things nine months of the year? Are they men who would hide either their cause or their college under a bushel? Well we think not.

We are pleased to know that Prof. Holton's resolutions on Venereal Diseases were adopted with slight modification. Such constructive work in the line of the moral uplift and preventive medicine is as far in advance of the undignified and unprofessional howling dervish political panhandling public bunco-steering self-advertising exhibition given under the guise of education of the "deer pepul" we have had to stand for the past week as day is ahead of night.

CONVENTION LETTER FROM "COXIE":—Dear Father Barbrick (wow! wow! Father Barbrick—can't you see me swelling with pride like a little Pouter Pigeon) here we are having a great and glorious time. The convention was very successful and most interesting. Much work along the line of encouraging and supporting our Eclectic Institutions and sending students to our colleges was done and more interest was shown in this particular than at previous meetings. I think. Our beautiful pennants were in the majority and admired. Mrs.

Garrett and I judiciously boosted C. E. M. C. and rooted for the Cause generally. Even the far eastern men were interested in our school and its great work on the western coast. Several good speeches were made, the speakers urging the men in the field to send students to and support their nearest college. Dr. Munk was well pleased with the way things were carried out and it seemed to me that everything ran smoothly.

Friday P. M. sixty-one of us went ninety-six miles to Mammoth Cave, had supper and took one route called No. two. Next morning at nine o'clock we started on another route, No. one, and got back at the Cave entrance at 1 P. M. Walked over seven miles and were four hours without seeing daylight once. Had a jolly crowd and had a good time. On the second trip, after coming through a place they called the "Cork screw" into the main cave all hands turned to and erected a large stone monument which was duly marked and dedicated to the National Eclectic Medical Association and the cause it represents. Think C. E. M. C. had the only student at the Convention and she helped build the monument you bet. Worked hard and sweat some doing it. Some called us "Coxie's Army" as we were going through the Cave with our lanterns. If you think any of this interesting you can take notes for the "College Items" and it will serve as the Convention Report from the "Student Body." As ever, "Coxie."

AN INTERESTING LETTER FROM MR. H. R. EVANS:—He says among other things, "I am getting a nice line of experience this season. Things come up every day that bring to mind the "larnin" I've had in the past two years and show me the great value of the "practical points" that are constantly being brought out by my experienced and practical professors and teachers at good old C. E. M. C. I have full charge of all male patients and have done enough to know I have a better line of treatment than the old fashioned calomel and salts doctor."

Good boy Evans, go to it. The more you learn of Eclectic medicine the better you'll like it and the more you will realize how far ahead of them all you are.

DR. MUNK:—has kept a stream of newsy letters and post cards coming my way with all the Louisville papers containing splendid reports and devoting much space to the Convention. But, as his ringing address in which he hits 'em right from the shoulder will appear in another part of the Journal or in the National Quarterly and as he will duly, in his own inimitable way tell us all about it, no further comment is necessary in

these notes, except to tender many thanks for his thoughtful courtesy.

A WELL MERITED CONVENTION NOTICE THAT INTERESTS AND PLEASES US ALL:—The following is clipped from the convention notes of the Louisville Times of Friday evening, June 23rd, 1911. Mrs. Mary E. Garrett of Los Angeles delivered an impromptu address bubbling over with wit and humor. Her topic was, "Don't be a Bat." She took the old fable as illustrative of some physicians who try to practice according to the teachings of several schools and who really never attain proficiency in any. As a story teller Mrs. Garrett has no equal at the convention. During the course of her address she convulsed the assemblage with laughter with her stories and quips. Her talk was the most enlivening thing of the week and elicited tremendous applause.

The A. M. A. CONVENTION IN LOS ANGELES JUNE 26TH-30TH:—for the past three months through the lay press our most ethical friends the Allopaths—or rather, am glad to say, the small minority clique that forms the American Medical Association—have been telling the public to "wait for the big show" in much the same manner that two kings of American humbuggery, Barnum and Munyon, used to attract attention. And along even more spectacular lines the doings of the meeting were heralded and the men taking part therein were advertised to the public.

The McCormiek fellow, who evidently is a greater success as a peripatetic salaried spellbinder for the A. M. A. trust than he was as a medical practitioner, was there with his line of hot air. The sensational Murphy, "his button" and his family were constantly in the limelight. With due respect to "the button" and the family I will say that they couldn't help it. The crude Knopf gained notoriety by an ungentlemanly verbal attack from the pulpit of one of the churches on an old invalid gentleman for the horrible crime of dozing through a part of his uninteresting and soporific address. The local men were advertised rather from a social standpoint than because of any scientific achievement or special ability. How embarrassing it must be to that grand old true physician Dr. Jacobi, the really able and distinguished Mayo's and the accomplished Dr. Welch to be associated with such buffoonery and really it would be interesting to know how Dr. Gorgas felt in his heart of hearts when he read the sensational and far from truthful claims put out by the publicity bureau of how the A. M. A. (of course aided by Dr. Gorgas, he unfortunately being a member) cleaned up Havana, fought and won the Spanish-American war and is

digging and building the Panama canal, etc., ad libitum et ad nauseam. I feel sure Dr. Gorgas in justice to the memory of Col. Waring and the board of Sanitary Engineers with which he has worked and of which he has been one grand unit in the splendid whole could never have authorized such far-fetched statements. By just such "claim everything in sight" policies, its unequalled for political activities, its unauthorized claim to represent American physicians, its unprofessional advertising campaigns, its arrogant assumption of being the court of last resort in all things medical, its unjust and arbitrary methods of interfering in many ways with the rights not only of the individual but of the masses and many other things obnoxious to a free, independent and self-governing people, the A. M. A. has alienated, driven out, or made indifferent thousands of our best and brightest medical men and as a consequence out of a claimed membership of 34,000 but a few over 2,000 were present and yet, with that blatant conceit characteristic of it and the clique in control, it claims to represent the Medical Profession of America. God forbid the day may ever come that the interest and pride of the Eclectic and Homeopathic Physicians will fall so low that but one-seventh of their members will attend the meetings of their National societies. Should that day come I feel sure those present, after burying the corpse with a "pax vobiscum" and a "requiescat in pace" would fold their tents like the Arabs and as silently steal away.

THE "CALL OF THE WILD AND THE LURE OF THE GOLD":—

Let us probe the silent places, let us seek what luck betide us;

Let us journey to a mountain land I know,

There's a whisper on the night wind, there's a star a gleam to guide us,

And the Wild is calling, calling . . . let us go."

Robert W. Service—The Call of the Wild.

A most interesting letter to us all from that "Human Encyclopedia" of Eclectic Medicine and Specific Medication, Prof. J. F. Willard, says: "13,384 feet above the sea on the top of the watershed. To the east the Atlantic, to the west the Pacific, Los Angeles and the land of the setting sun, but the rising sun of the C. E. M. C. In every direction the mountain peaks, capped with snow pure and white, glistening and sparkling in the brightest sunshine possible, point high against the most beautiful blue one can ever see.

I took the tail of the climb with 75 pounds on my back and though it was like climbing a house roof covered with snow the sun had made so soft one broke through to one's waist about

every ten feet and I arrived at the top wet, tired and hungry enough to eat Giant powder biscuits and fried rabbit tracks, yet the sight seemed to repay and I expect to grow fat on this beautiful scenery and light air. By hitting the drill a little harder this summer I hope to get the golden metal in such chunks that I will be able to come back to L. A. and spend the balance of my days at the C. E. M. C. instructing its hundreds of students in the best line of therapeutics the world has ever known, Specific Medication and Eclectic Medicine."

NEWS ITEMS.

Dr. Vandre's article in last month's Journal was somewhat mixed up; therefore we repeat it this month.

Under the heading Societies will be found a communication from President Stephens of the National and also an account of the National meeting by Dr. Q. A. R. Holton.

Dr. Q. A. R. Holton, Whittier, has returned from the National and a short visit to relatives in Indiana. The Doctor being a thin man could not see the advantages of a "turkish bath lasting longer than ten days."

Dr. J. A. Munk has returned from the National. Enroute he visited the Petrified Forests and the Grand Canyon for several days. The Doctor can never pass through Arizona without making stop-overs.

We welcome a new Eclectic Journal this month. The Nebraska Medical Outlook which is to be published bi-monthly. The first number is very credible, our only suggestion being that the original articles be signed. Give this new Journal as well as the older ones your support and show the editors that their efforts are appreciated.

ANNOUNCEMENT.

Practical Surgery, a volume of nearly nine hundred pages by B. Roswell Hubbard, M. D., Professor of surgery in the California Eclectic Medical College, Los Angeles, will be off the press about September first. The subject matter is original and up to date. Unnecessary time and space has not been given to the description of surgical ailments, disputed theories being omitted. A distinctive feature of the book is the treatment of surgical conditions with **specific** remedies from the standpoint of specific diagnosis. Directions for the execution of operative work are clear and comprehensive. It is a work for the busy practitioner and the student will find within its pages definite advice that will aid him materially in his pursuit of surgical technic. The work is original and covers the author's experience and observation in surgery during the period of thirty years, in general and hospital service.

The California Eclectic Medical Journal

Vol. IV

SEPTEMBER, 1911.

NO. 9

Original Contributions

REVIEW OF SYMPOSIUM ON SYPHILIS.

A. M. Duncan, M. D., Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

During the recent meeting of the American Medical Association in Los Angeles, the section on the Practice of Medicine devoted the whole afternoon of June 28th to a symposium on syphilis.

The initial paper on "Laboratory Diagnosis of Syphilis" by L. S. Schmitt of San Francisco discussed serum diagnosis showing it to be based on the principle that in infectious diseases there is a definite relation between the antibodies in the patient's serum and the antigen (microorganisms, etc.) which formed them. Many investigators in various ways have applied this principle in syphilis but at present only the Wasserman Method or Noguehi's Modification is much employed. So this reaction is positive in primary, secondary and hereditary cases, in nearly all cases, and in the majority of other forms of the disease, its value was almost universally recognized. It has been demonstrated that during active treatment this reaction often shows negative and later positive, and therefore the necessity of repeated tests for a year or more before a cure could be assured. *Spirochaeta pallida*, the alleged cause of the disease, received little attention in this or other papers, the chief reliance for diagnosis being placed on the history, symptoms and serum reaction.

"Visceral Syphilis", by Frank Billings of Chicago, treated of tertiary manifestations, plain and masked symptoms and treatment, especially by Mercury, iodides and salvarsan.

"Value of the Wasserman Reaction and Salvarsan", by Albert Keidel of Baltimore presented the writer's large experience with Salvarsan tested by serum reaction and his conclusions which were favorable as were those of E. C. Ballenger, of Atlanta, in his paper on "Salvarsan".

D. W. Montgomery of San Francisco in the "Disadvantages Incident to the Administration of Salvarsan", called at-

tention to some of the bad effects on the eyes, ears and nervous system and indicated certain classes of cases in which this new remedy so rich in arsenic was contra-indicated and should be used with discretion.

In the paper entitled the "Adequate Treatment of Syphilis," by W. T. Wooton of Hot Springs, the statements were clear cut and the treatment advised heroic enough for a "Forty Niner." The author asserted that if cases were adequately treated in the primary and secondary stages there would be no tertiary manifestations and such occurrences were proof of inadequate treatment. Mercury was the one curative agent, the iodides in 10 to 20 grains assisted mercury to do its work but never cured alone. The spirochaeta pallida was inactive in the presence of full doses properly administered and if persisted in would cure. He preferred mercurial ointment in 30 to 60 grains daily, or if needed, an ounce or more until physiologic effects were produced, then a rest and resume treatment to the point of saturation and so on for a year or more.

As outlined in this brief review it will be noted that the emphasis in this symposium was on treatment and in the discussion which followed it was still more pronounced. The appropriate management and treatment of the patient himself was taken for granted but the eradication of the cause and relief of effects of the disease brought out the experience and conclusions of many noted authorities in syphilology.

The consensus of opinion seemed to be that Salvarsan, No. "606", is a most valuable remedy to cause the disappearance of most of the acute and chronic symptoms of syphilis but that it alone cannot yet be relied on as a cure and is not without danger to the patient.

The iodides are still extensively used, but not so heroically as of yore. Mercury still holds first place as shown in this symposium.

THE WHITE PLAGUE OR CONSUMPTION.

C. L. Murray, M. D., Sacramento, Cal.

Read before the California State Eclectic Medical Society.

National and International Congresses have met to consider the nature of, and devise means by which to stamp out the so called White Plague. There is no difference of opinion among men regarding its alarming increase and its deadly work upon the human race, but there is a wide diversity of opinion among equally learned and scientific men, first, as to

the cause and nature of the disease, and secondly, as to the most effective means by which to prevent and destroy its ravages.

Dr. Koch attending the International convention held in Washington put himself on record by asserting that "consumption was one of the most contagious diseases in the world known to the medical profession", that it was both "contagious and infectious." This declaration was endorsed by the congress of doctors in Washington at that time and is now accepted and acted upon as the final word. With all due respect to Dr. Koch as a scientific investigator and the endorsement of the congress of doctors his declaration has no truth in it, as regards contagion and the method of isolation he recommended till the bacilla have been destroyed is impracticable, impossible, unscientific and based on a misapprehension and perversion of universally known facts. Efforts political and medical have been exploited till the civilized world is a bacilla slaughter-house, and in this politico-medical splurge consumption is on the increase. If consumption is contagious then its law of contagion must be the same under all circumstances as that which characterizes and is peculiar to contagious diseases as such. Small-pox and measles are contagious diseases and accepted as such everywhere. A contagious disease is one that attacks the healthy and at times takes the form of epidemic. Whoever heard of consumption being classed as epidemic? Small-pox is a typical contagious disease and frequently takes the form of epidemic and has been a very active factor in wiping out the Indian race.

If consumption is contagious acting under the same law as accepted contagious diseases the earth would have been depopulated long since. Why? because of its universality. It is estimated that one seventh of the world's mortality is due to this malady, not excluding those killed by war, earthquakes, fires, flood and famine. Think of one out of every seven who die, being in the midst of society, in our public schools, in our churches, in public gatherings by the thousands, in street cars and in railroad travel, unprotected, with a disease as contagious as Small-pox and as consumption is pronounced to be one of the most contagious diseases known to the medical profession then it must be as dreadful in its results as Small-pox. What could be the object of a declaration so preposterously absurd is impossible to conceive. True science builds its theory on a foundation of facts and not on imagination, otherwise it is scientific rot.

Again: Is the death rate in California the result in any sense of contagion from consumptive victims? No professional man or layman who has any regard for the truth can look his fellow man in the face and make such affirmation.

Persons afflicted with the malady have come to California hoping to be benefited by the climate. They have died. Contagion had nothing to do with their condition from whence they came. It was the way they were born. **A word on fection.** Infection demands its own conditions, constitutional weakness, a lack of resisting power and bad environments rendering the person susceptible to invasion. Every bacteriologist knows that the mere presence of bacilla is not sufficient to base a diagnosis upon, without corroborative evidence. Every man, woman and child has bacilla and various forms of bacteria lurking in the throat, mouth and in the nasal passages and mucous membranes.

To quote from high authority, not a thousandth of an inch of our body surface which does not swarm with innumerable bacteria, and that the intestines contain billions and billions of microbes and without them we could not exist. To any one who thinks philosophically and has any conception of the universe would suppose such to be the case without the use even of a microscope. Creation is a system of life and the microscope discloses its millions of wonders on the one hand while the telescope on the other discovers an infinity of worlds each not only governed by its own laws but related by its influence to the destiny of every other world.

Those millions of bacteria are built on the same principle and have their own laws of influence of health and growth subject to perversion and morbidity as other things that have life. They have their food like everything else in the realm of nature upon which to subsist. They feed upon each other and upon tissues and multiply in proportion as tissues are diseased. They are then capable of carrying the infection to, and the destruction of the body upon which they had to subsist. If bacteria and millions of microbes are present in all persons regardless of their age, environments or physical health whom will you isolate? The poor victim who has been born with the susceptibility to disease? He is simply a victim of antecedent forces over which he had no control. His vital tenacity under the best conditions could carry him but a limited number of years. To isolate him on Koch's theory of contagion is as reasonable as to isolate a man because he was born with a club foot. You not only do him a wrong but society is injured in that unborn generations have nothing to hope for. On the theory of contagion

Legislation overlooks antecedent causes and being blinded as to the work demanded by actual conditions becomes the pliant tool of designing medico-politicians.

There is a great work awaiting legislation, a greater work than has ever been attempted both for the individual and for the well-being of society. The fact that a man is a consumptive is a starting point for investigation. What are his antecedents? What kind of father or mother? What were their temperament. Their physiological relation to each other? What diseases afflicted their ancestors back three generations? How did they live and upon what did they feed? What were their vocations? Then what were his environments and where was he born? How was he nurtured and what atmosphere surrounded him in the day and what kind of air did he breathe in the night? Was he a worker in-doors, or out of doors? What kind of food did he crave and what kind of food did he reject? At what age did his consumption begin to manifest itself? Was there a noticeable change demanded in his dietary after the disease had manifested itself? By these investigations we get a scientific basis upon which to build.

We know that back of him there are conditions that become active factors in fixing upon him this dreadful malady and wherever these factors are allowed to exist the disease will keep pace with the increase of the human race.

Legislation has done something and is striving to do more to provide for him a home where localities more favorable to health, pure air, pure water and more evenly balanced climate, with surroundings of natural scenery and pleasurable diversions to the mind as well as comfort to the body. This is due him from the government in which he has been brought into the world. His life should be made as little of a burden as possible and he be enabled to fill his place in the world to the best advantage. It opens up a splendid field for broad philanthropic interest and may be made the excuse for political wire-pulling and the gratification of the politico-medicos who feel that if they cannot play medicine they can play politics.

Again, it is necessary for legislation to comprehend the true condition of the people and be impressed with the fact that there are other matters of more importance than great sanitariums. The White Plague can never be wiped out by isolation of the victims, nor fine sanitariums where gallons of milk are poured into their emaciated and woe-begone bodies. This may be called doctoring but it is neither sense nor science. It will give some employment and serve as pastime and gratify the po-

litico-medical superficiality that is growing very hungry for a little preferment.

Legislation must clear away the mist and see that the streams which flow into this river of life are purified in their source so that the issues of life may be untainted and not weakened. It is necessary to know the true condition of the consumptive. He has come into this world unbalanced. His internal machinery is in disharmony. It is not competent to appropriate and assimilate food, light, air and moisture which build up and sustain life. This is illustrated in a man who lived three score years and ten. Give him the benefit of climate, food, and science to assure every sanitary perfection. He dies? Nothing to build on. Worn out. The consumptive is born old. Worn out in the antecedent forces that begot him. He is older than many a man who is 60 or 70 years old. Less vitality to begin with. Therefore he is as incurable as old age. He is a menace to society; but only on the grounds of society being unhealthy and susceptible to invasion or rather to the quickening of the bacilla already waiting for a break in the system. But where there is sound bodily health there can be no infection and never has been; this is proven in tens of thousands of instances.

The object of medical men everywhere backed by intelligent legislation should be to eliminate causative factors which beget such ruin to humanity and increase the physical health of the people with power to resist tuberculous invasion from the slums up to the "400". The law should be as much interested in the progress of the people on a basis of health as in the improvement of domestic animals. Race building should be on the line of quality and not quantity. The sea of rottenness that threatens to roll its billows of death over all civilizations is the response to the insane demand for quantity. There are marriages and marriages which are so criminal that race suicide would be a redemption.

The law can say "Thou shalt and thou shalt not." In the exercise of this prerogative it holds within itself the high ideal to which the race should endeavor to attain. But where the marriage of serofulous, and tuberculous and those reeking with rottenness is permitted there cannot be the slightest hope of ever improving the general health of the people. The result will be as it has always been: the increased demands for asylums of the blind, the deaf and the dumb, the crippled and deformed, mere fragments of creation, adding large margins of taxation without any compensation to the government.

We have boards of health whose duty it is to look after the sanitary conditions of our cities, to inspect food and drink, to see that our dairies are free from disease producing germs and that our rivers are kept pure. We have committees appointed by health boards to keep a constant supervision over our schools, to examine children and report upon nasal and throat conditions, to examine their teeth and their eyesight, with a side glance at tuberculous tendencies.

Our present civilization is marked by its expenditure of millions for benevolent institutions and philanthropic purposes. We have great universities including all forms of education. Combinations of medical colleges to overwhelm the public. Weaving into one web all the branches of learning with a political intent, so that every movement in every direction will throw out a line for the majorities to pull themselves into political privilege. While it is patriotic and a matter of civic pride to rejoice in what contemplates the welfare of the people yet the threatening to have this weakened and neutralized by inordinate political greed creates a large margin of suspicion.

It is a sorry truth that the fundamental necessities to assure progressive better conditions have been thrown aside and neglected through all the ages.

The relation of the sexes in the bonds of marriage whether by church or state has been treated with indifference under every form of government and in every class of society. A very little thought will impress any unstultified mind that a proper sexual relationship is the foundation for all progressive civilization and cannot be pushed aside as a thing separate and apart from our sociological needs.

The law of electro-vital force applies to the marriage relation and is the same as seen everywhere in the kingdoms of nature. This law of electro-vital relationship was announced 60 years ago by Dr. Powell. He had observed that two persons married with the same temperaments, however robust, could only produce offspring, scrofulous, tuberculous, weak and short lived. And the truth of it is a matter of common observation in every city, country and community and in every day in the year. But narrow brained prejudice and bigotry passed it by. In the disregard of this fundamental law we have a perpetual increase of the scrofulous, tuberculous, weak and deformed.

Then finally, until this deeper law of electro-vital relationship is obeyed and enforced and the whole domain of sociological science is made practical all the bug hunting and the bacilla slaughtering, and attempted isolation will only have political significance and the race left to rot. If medical men

everywhere will unite to have legislation regulate marriages, preventing vicious factors from producing, putting the union of the sexes on the basis of intelligence and obedience to physiological law we will have an evolution of a superior race of men and women. Physical perfection, mental activity, longevity will be the rule and not the exception and though born into a world of millions of microbes, there will be no possible infection to shorten life and blast hope and consumption, or white plague, will have no resting place in the world.

NON-SPECIFIC URETHRITIS.

Almo De Monco, M. D., Los Angeles.

Read before the Southern California Eclectic Medical Society.

Every discharge from the meatus urinarius does not mean that the possessor has a true gonorrhoea.

Other inflammatory conditions resemble the specific condition to a sufficient extent to make a mistake very probable, especially so to our interested patient.

The causes of discharge from the urethra are for convenience divided into two major classes—specific and non-specific. The vagina of the female and the fossa navicularis of the male are, as you know, the habitat of countless germs—staphylococci—diplococci et al, and discharges from such a vagina are often sufficiently acrid to set up an inflammatory condition of the male urethra.

The normal mucous membrane is proof against their invasion, but as soon as congestion and hypersecretion are present, a suitable culture media is produced and pus production takes place. A patient presents himself with no history of a suspicious intercourse but with a marked mucopurulent secretion—we have probably a case of simple urethritis—non-specific as I term it because the gonococci are absent. In such cases to plunge into strong injections, nauseous internal medications, will do more harm than good; many, very many such cases reach us, reach the office of the physician by way of the drug store route. We refer very often to women as bargain hunters, but experience has taught me that men seek out the drug stores for bargains, something cheap, quick and effective; if not the drug store, then some acquaintance stock prescription, kept on hand for such emergencies.

The first thing to do is to acquaint ourselves with the history of the case and exclude the possibility of some chronic lesion. Many an old case has come to the front long after the

possibility of infection was forgotten, of a mucous patch just within the meatus. Sometime the patch is farther back and the use of the speculum and reflected light become necessary to locate it. Other conditions, other causes, are sometimes present, such as tuberculosis but quite rare. As a rule, the infection is due to streptococci. The male with some slight lesion of the urethral mucosa is readily infected by the germs present in an otherwise clean vagina and within a few days he finds himself with a drop of "glairy" discharge which sticks together the lips of the meatus or has maybe a profuse flow of mucus. Now then there is blood on the face of the moon, for if by chance his conscience is clear, he suspects his wife and there is "trouble in the house", trouble which is utterly uncalled for. The physician is called in—charges are made vehemently and just as strongly denied. The physician must act as umpire and referee and if he has experience he will be most chary of giving expression to an opinion until by an examination of both man and discharge he has proven beyond a doubt the nature of the disease. If it be specific the gonococcus will be present. If that germ is not found he can without causing any mental reservation in himself, set the minds of both parties at rest.

Let me say that non-specific urethritis is quite common. And bear in mind that an old (latent) gonorrhoea which was given to the wife in the first days of marriage may suddenly flame up under certain exciting causes—so that if the gonococci are found, it is not positive proof that the woman has been promiscuous. Mr. husband is simply gathering some sheaves of a delayed harvest. Thousands and tens of thousands of men marry while suffering from more or less of a gleet. How often has the wedding been postponed, my dear doctors, to your positive knowledge for this very reason? We all know that the gonococci are deposited at the first approach within the cervical canal, there to remain, possibly quiescent until some extra exciting cause permits or induces a more rapid propagation.

There may be immediately all the symptoms of acute gonorrhoeal infection in the young wife or months and even years may pass without any symptoms severe enough to attract especial notice. Something occurs then, over indulgence, for example, causing exacerbation, with the result that hubby, who has lost his "old gleet" becomes reinfected, at the same time the woman complains of smarting, burning and has a discharge, and the material necessary for a family row ending in the divorce court is there good and plenty. The disease reaches the physician late and may have spread in the female to the uterus, tubes, ovaries, etc., and the case belongs to the surgeon.

Contracted at the very start of married life belongs two-thirds of all cases of salpingitis.

Excluding then all cases of recently acquired and ordinary gonorrhoeal cases, the physician is to meet either a non-specific or a specific case, and in neither case need there have been any recent unchastity. The condition may be due to the presence of polypi; vegetation, or uncleanness in the female and to disease of the prostate, seminal vesicles or other glands opening into the canal in the male. In nearly all cases in the male a discharge at the meatus indicates urethral inflammation. The latter can exist, however, without any discharge being present at the meatus, this will be the case often when the deep urethra is involved. Then again in seminal vesiculitis there may be a profuse discharge and no urethral inflammation. In such a case the patient, he a decent and virtuous married man, all of a sudden, without just cause or reason, finds himself one fine morning with a urethral discharge, and this is the typical case in which the physician must gently carry the virtuous and innocent individual backward in memory to his salad days, softly inquire if possibly there was ever a time, possibly forgotten, when he had sought out some friend and asked the loan of his receipt, said receipt being secured at one time from some well known "clapp doctor" and kept as a sort of community property for emergency cases. This being allowed or not allowed, it is altogether possible that the discharge will prove to contain gonococci and if this be true the wife is also infected and both will or should have treatment. The woman may on examination present few, if any, symptoms aside from an inflamed cervix and the surrounding adnexae. Then on the other hand, the discharge afflicting the young gentleman when he searched so diligently for the friend with the community "receipt" may have been non-specific urethritis or a seminal verisulitis due to excess and the young wife escaped infection the first week of marriage. Quite often, a short time after marriage, men find themselves with a discharge due simply to excess. Abstinence and general good care will cure very many such cases.

But the form of urethritis this paper is intended to deal with is that in which there is simply a pus infection; this may or may not be attended with itching, or pain near the meatus, little or severe pain in urination, usually there is some feeling of discomfort, usually there will be a drop of discharge or arising, but may require "milking" to discover, the meatus is "glued together" and upon examination the lesion will be found nine eases out of ten half inch within the meatus or in the fossa, the mucosa surrounding the infected spot will be red and usually the lips of the meatus will appear slightly 'poutty' and congested. A microscopical examination is always necessary of the discharge and the presence or absence of the gonococcus as-

certained. If absent assure the patient a speedy cure for this is the form of gonorrhoea which the young and unsophisticated "chappie" prefers to a bad cold. After having the patient urinate, with ordinary irrigator or a rubber tipped syringe wash out the urethra with a mild alkaline and astringent solution, then with the speculum's aid insufflate freely thymol iodide or any other good aseptic and drying powder. Boric acid used freely practically pack the urethra and urination avoided as long as possible, will usually act as a speedy cure. The discharge under this treatment should cease about the fourth day, but to accomplish this it is absolutely necessary that coitus be not attempted until the last vestige of discharge has disappeared.

When the lacuna magna is involved the discharge will continue despite your best efforts until this little pocket is cleared up, washed out and touched up with silver nitrate. An ordinary hypodermic with blunt needle answers the purpose very well. In non-specific urethritis as well as specific no application should be made until canal is cleared of all pus, etc. The bowels are to be kept free, all beers, wines, malts and highly nitrogenous food prohibited. Sexual excitement absolutely proscribed. In a few days' time your patient will pleasantly and cheerfully inform you he is well and will cease treatment provided the discharge is controlled. That is all that is necessary, stop the discharge and Mr. Ignoramus will call you blessed. This remark applies with especial force in all cases of specific urethritis, and the chappie goes forth leaving death and destruction in his wake to a greater extent than is dreamed of by those not engaged in gentito urinary practice. The French have a saying: "A clap commences; God knows when it will end."

TRICKS OF THE TRADE.

L. S. Downs, M. D., Galveston, Texas.

Read Before the Texas Eclectic Medical Society.

Some of the erudite and hyperethical may become hysterical and throw a fit or two when they behold the caption of this article, but I am sure it will appeal to the good sense of every up to date Eclectic.

Ours may not be a trade, but one thing sure, our bread and butter comes by this route and every honorable means of augmenting our larder or bank account, is legitimate.

Facts I have learned by dint of hard work and long years of practice of my profession, belong to me just as much as the stocks and bonds of the banker or the goods on the tradesman's shelves, and to turn these experiences into dollars and cents for my own comfort and those dependent upon me, is not only my privilege but my supreme right.

Not that I would hide from my brother practitioner any therapeutical fact I have learned, but rather teach him to reap also a benefit from my toil and keep the dollar for his own pocket which too often goes to the till of the prescribing druggist or unscrupulous manufacturer of proprietary remedies. I prefer to use, whenever I can do so without compromising my patients or my own interests, my own remedies. This I find is not only good practice but good business. I find that patients who have confidence enough in me to employ me as their physician, prefer a medicine with my name upon it rather than P. D. and C. Lloyd Bros., or any local druggist. Some may ask how I know. I will tell you. Occasionally I write a prescription and the medicine fails to give the desired results, but a bottle from my shelves with my name upon it, does the work although it be identical. Again my patients tell me they prefer to have my remedies.

In nine cases out of ten, I prescribe the indicated specific but every physician knows that specifics act better after a good cathartic or laxative. In place of giving C. P. C., Lapaetic or any other pill, I invariably give Dr. L. S. Downs' A. B. Tablets, an old formula of Podophyllin, Leptandria, Hydratis, Aloin and Capsicum. I have prescribed for twenty years and thousands of people use them continuously and when they want them they come to me for them for they cannot get them any other place. I put them up in a neat screw top bottle with an attractive label, telling just what they will do and they do it too. Now let me tell you another secret, my patrons like these little red tablets so well they recommend them to their neighbors and when they find they can't get them at the drug store, they come to me for them and many a good customer has come to me through these little pills. Is that commercialism? It is good common sense and the sooner the average practitioner learns it, the better it will be for the profession.

We are all aware that the specifics will not give prompt relief in pain and especially headaches, so I give the indicated sp. and my H. A. Tablet. It will stop the pain in a few minutes and the sp. cures my patient. In other words the tablet relieves the pain and the sp. removes the cause. I am sure I get better results than the doctor who gives only specifics or drug store remedies. I also get 25c in place of the druggist. I have my own antiperodio liniment and antiseptic powder.

The line of individual remedies might be extended but as we are specific medicationists, it is not policy to use too many auxiliary remedies so I prefer to use only those which we know to be real helps in curing disease. Our first aim in the practice of our profession is to cure our patients and the next aim is to get value for our services.

Now boys, for I am writing this for the young practitioner, for all these old therapeutical saints have schemes of their own, and if you notice they keep mighty still about them, let me give you a few pointers as to the best way to handle office patients. The first requisite is a well equipped office. You want a good chair, nice furniture, plenty of instruments, a good wall plate and a splendid apparatus for treating nose and throat affections. You need these not so much to cure your patients as to hold them until you can cure them with the proper remedies. It takes time to cure most chronic diseases and unless you are well equipped you can not interest them long enough to get permanent results.

Now I do not mean to intimate that there is no virtue in mechanical therapeutics for there is, but it is due mostly to the influence of the mind and without the proper medicine there can be no lasting effects. Most any Eclectic can cure all curable patients if he can interest them long enough to get the case thoroughly in hand. This is a good reason why it is policy to treat patients by the month. If you can hold your patient for a month you can either cure or benefit him to such extent that he is willing to stay till he is cured. Otherwise you give a patient a prescription, and many times they get little or no benefit and never return, especially strangers. Most people have more or less catarrh and if you are prepared to treat such troubles intelligently, it is a good plan to take them by the month.

I find all forms of electricity not only valuable therapeutical adjuncts, but they have good holding qualities, enabling the physician to keep his patients under observation sufficient time to establish a cure. This form of office practice is remunerative and the most desirable of the practice of medicine. I charge all the way from fifteen to fifty dollars a month according to the nature of the case and the ability of the patient to pay.

I get not less than a hundred dollars for every case of chronic appendicitis I treat and you can cure them all if you can keep them under observation sufficient time and use Eclectic methods. One word about the charging business. It is all wrong and I do not follow the routine plan of charging for the visit or by the mile. I charge in proportion to the severity of the case. Why should the surgeon get from two to four hundred dollars for a case of appendicitis and the doctor who cures by milder and safer methods not? Is it worth as much to cure a case of La Grippe or measles as diphtheria, pneumonia or some dangerous malignant disease? Charge according to the nature of the case just as surgeon or lawyer does. The experienced physician who has for a quarter of a century or more successfully treated the most formidable maladies deserves a

better compensation for his services than the average physician gets. But it is his own fault. People will pay just what you make your services worth. A few months ago I treated a severe case of heart disease. The woman was not expected to live for four days and the case caused me a great deal of anxiety but I finally succeeded in giving the patient relief and she made a rapid recovery. The gravity of the disease and the ability of the people to pay warranted me in charging them two hundred dollars.

If you cure a case of chronic appendicitis, heart disease or stomach trouble and bowel trouble or any other serious malady which the allopaths have tortured for years and could not cure, charge the limit and get your fee. I have more than a local reputation for curing appendicitis which I acquired by curing a few severe cases from various parts of the state, pronounced by their local physician incurable except by operation; and charging a good price for them.

One more trick for this time and I am through. Never by word or act reveal to your patient that they are dangerously sick. If you do, ten chances to one, you will lose them or fail to give them any relief. One half of all disease is above the ears and to cure most people this part of the malady must first be removed and this is accomplished by suggestions from the doctor more than by medicines. Continually impress upon the mind of your patient that he is improving,— the tongue is clearing, has a more normal color and shape, eyes and skin are clearing, pulse more regular and the heart beats more perfect— all of which any physician with an ounce of gray matter can truthfully suggest, unless you have a hopeless case, where it is usually the best policy to tell the truth to either the patient or his friends.

Do not be so ethical as to ignore the tricks of the trade and allow some little two by four osteopath with a thimble full of brains to steal your patients and cure them too with his sleight of hand performances.

TO AN INFANT.

G. W. Harvey, M. D., Big Pine, California.

Behold this verity of creation! See the poll,
Now of ethereal spirit full;
This throbbing crown is life's retreat,
'Twill soon be thought's mysterious seat.
Will thoughts of virtue fill this pate,
Or dreams of sin and pleasure ever sate,
Until the glow of love, and blanching fear,
Have passed, and left no mark of passion here?

This absent eye, now beaming bright,
Has just been opened to the light.
If, when it ope to active life,
For good and honor be its strife,
If it with no evil ever gleam,
But always in truth and kindness beam,
This eye shall shine forever bright,
When earth and sin are sunk in night.

Beneath this eye is the tripping tongue,
In the purest innocence now 'tis hung;
And if in truth 'tis always found,
And where it can not laud, is bound;
If in honor's cause it always speak,
And never into falsehood sneak,
Then shall this tongue be eloquent,
When Father Time all time has spent.

Say, will these fingers work for bread,
Or shine with envied gems instead?
And could we sure the future show,
What little good to them to know;
For, if the way of Truth they learn,
And sin and folly always spurn,
These hands shall claim a richer meed
Than all who wait on wealth or greed.

These tiny feet will soon be shod,
No paths of evil have they trod;
If from the ways of sin they flee,
And sad afflictions' sorrow see;
If the bribe of guilty graft's disdained,
And home in Virtue's eot they're chained;
These feet shall tread the halls of day,
When all that's evil has been purged away.

If all these members as a whole,
United in one mortal soul,
Flee all the sins of pride and lust,
And consort only with the just;
If charity's the rule of life,
Instead of bickerings, envy and strife,
Then will this soul immortal be,
And spend in bliss eternity.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.
Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

SYSTEM—THE VITAL ELEMENT IN THERAPEUTICS.

A century ago every physician believed that **he was a physician** in order that **he might cure** a man when he was sick, and he believed that this could be done with **medicine**. There was no Science in the application of drugs by the total profession, and consequently the failures ultimately resulted in doubt. Later surgery developed, and then every measure was taken to make **surgery cure disease**, and for nearly fifty years no study was made of Therapeutics that was at all commensurate with the importance of this branch of medicine.

The work done in surgery has been essentially important, but the enormous truths of Therapeutics are yet by the mass of the profession untouched. It seems to be as clear as day to those of us who study Therapeutics, that the practice of medicine as a profession **has no right to an existence** if it does not consider the means by which the sick are relieved—are restored to health—by which disease is overcome. What can the profession accomplish by failing to thoroughly, persistently, systematically and scientifically study the action of drugs? No gain, all loss.

Psychic Therapeutics is only one little branch of it. Physiologic Therapeutics, with all it includes of prevention and nature's methods, is only another little side show. A **System** is demanded—a correct, exact, rational, scientific System, based upon correct underlying processes and developed by exact study and correct methods. This System must include in a correctly adjusted manner all other methods, being each in its exact place, using each only where exactly and correctly indicated, and giving drugs full place in Therapeutics, especially the **rational organic remedies** that act in perfect harmony with the normal processes of the body. This we are working for. This, developed, is our System.

ELLINGWOOD.

“606”—**SALVARSAN—ARSENOBENZOL.**

A few months ago there was introduced to the medical profession, and laity as well, a new remedy which, it was stated in the most positive terms, would cure Syphilis. Prof. Paul Erlich, a German of the ultra scientific sect, was the inventor and his friends proclaimed him the savior of mankind, etc, etc. All of which was doubtless most gratifying to the recipient, and it did not cost our honored profession anything except an augmented reputation for asininity. The method of using this new patented specific is to inject one large overwhelming dose which kills the germs outright and **presto**, the patient is cured of his disease.

This idea of curing a man by casting out the particular devil which possesses him is of great antiquity, but its practical application is **nil** except as relates to animal parasites, a fact long recognized and quite well known to all physicians except those observed by the so called scientific spirit.

Twenty odd years ago another but equally great scientist invented an equally potent remedy which was an equally sure cure for an equally intractable disease. His name was Prof. Robt. Koch and the disease said to be cured over night was tuberculosis. He also was called the savior of mankind, and his remedy also paid a royalty to the inventor. In short the formerly successful methods of milking the public were exactly repeated. Furthermore the perpetrators in both instances were members of the ultra scientific school and Germans at that. We are reminded of the saying that any successful fraud can be worked on each succeeding generation. Is it not about time, my German friends, that you reform your professional and financial morals?

Upon the introduction of "606" we printed articles giving what was **then** claimed for the remedy, but at the same time advised our readers to let it alone. In this connection we print what is **now** claimed for the remedy, but we deem advice superfluous. However the article is well worth reading.

SALVARSAN ("606") IN SYPHILIS; A CRITICISM.

By C. F. Marshall, M. Sc., M. D., F. R. C. S.

London, England.

After passing through successive periods of use, abuse, and unmerited condemnation, the mercurial treatment of syphilis was eventually established on a sound basis by the labors of Alfred Fournier and Jonathan Hutchinson. It is to these two eminent syphilologists that the modern treatment of syphilis by prolonged administration of mercury is chiefly due. Favored with unrivaled clinical material, and blessed with an unusual span of active life, they have been enabled to prove the truth of the doctrines they taught, and have shown that the chief safeguard against the disastrous after effects of syphilis is mercurial treatment prolonged for several years.

Having gradually assimilated this doctrine, the medical profession was suddenly startled by the announcement that a new drug had been invented which was to cure syphilis at one coup, render prolonged mercurial treatment unnecessary, and eventually banish the disease from the face of the earth! This new drug is an organic preparation of arsenic, with the chemical composition of dioxydiamidoarsenobenzol, and the pseudonym of "606". In spite of the fact that somewhat similar organic preparations of arsenic—atoxyl and arsacetin—had been tried and found, not only wanting, but actually dangerous, the new panacea was received with an impetuous outburst of acclamation totally foreign to the true scientific spirit. The accumulated knowledge of centuries was to be ignored, mercury was to be put on the shelf, and syphilis was to be cured by one or two injections of a new preparation of admittedly unstable composition, which had not yet passed the experimental stage! In fact, we were confronted with the amazing and unedifying spectacle of members of a learned profession, who should be the first to warn the public against placing undue reliance on newly invented "cures," themselves accepting a new drug as a cure for syphilis on the strength of experiments which had been carried out only for a few months, thus exhibiting the same credulity which they condemn in their patients! As Professor Finger (1) has pointed out, it would take ten

years before the effect of any new drug could be ascertained in such a disease as syphilis.

In case of a disease like cancer there is some excuse, if not reason, for trying all kinds of new remedies; but in the case of syphilis, a disease which is peculiarly amenable to remedies which have proved their value, there is neither excuse nor reason, unless a new drug can be proved to have a greater curative effect than mercury. So far no such drug has been found.

However, as the inventor of salvarsan bears a name which is highly honored in the annals of experimental medicine, it is necessary to consider in detail the claims which have been made for this new preparation.

It was originally claimed for salvarsan: 1, that it cured syphilis, and that a single injection might effect an abortive cure in the early stages of the disease; 2, that its healing effect was far more rapid than that of mercury and iodides; 3, that it was especially useful in cases of malignant syphilis and in cases resistant to or intolerant of mercury.

Let us see whether any of these claims hold good.

1. The arguments urged in favor of the cure of syphilis, especially the abortive cure, were: 1, The disappearance of spirochaetae from superficial lesions; 2, the absence of relapses; 3, successful re inoculation with syphilis after treatment; 4, the effect on the Wassermann reaction.

The weak points in these arguments are as follows:

(a) Because spirochaetae disappear from superficial lesions after treatment with arsenobenzol, it does not follow that they are dead; still less does it follow that all the spirochaetae in the body have been killed.

(b) As regards relapses, the earlier results were published before relapses had time to occur. Since then relapses have been found to be common. Lieven (2), some months ago, found the relapses among cases treated at Berlin (the stronghold of "606" treatment) to be thirty or forty per cent., and it is more than probable that the figure is now much higher. According to Levy-Bing (3), who has recently published the results of six months' experience with intramuscular injections at the Saint Lazare Hospital, Paris, relapses are not only more common, but also more severe than after mercurial treatment.

(c) The fact of positive re inoculation with syphilis in a syphilitic subject was, till recently, accepted as positive proof of the cure of the first infection. Neisser (4), as the result of positive re inoculation of syphilitic apes, after treatment with the new arsenical compounds, including salvarsan, concluded that these drugs cured syphilis. Several syphilitic apes were

injected with arsenobenzol at various periods after the healing of the primary chancre; a month later they were reinoculated with human syphilitic virus, with the result that another primary chancre developed in several of the animals. Therefore, it was argued that the first infection had been cured.

However, in the light of recent observations, it appears that such a conclusion is based on faulty premises, and the fact of positive reinoculation cannot be accepted as proof of the first infection being cured. Queyrat (5) showed that a patient with a primary syphilitic chancre could be successfully reinoculated up to the eleventh day after the first appearance of the chancre. More recently, Pinard (6), by inoculation into subcutaneous pockets, has extended the period to thirty-one days. Finger and Landsteiner (7) showed by experiment that the majority of syphilitics react in a specific manner to the virus in proportion to the quantity of this introduced into subcutaneous pockets. These observers remarked that a syphilitic subject who suffered from recurrent lesions due to his own endogenous spirochaetae might also contract lesions due to exogenous spirochaetae during the same period of time. This is supported also by clinical evidence. Magian (8) has reported the case of a patient who contracted a primary chancre and secondary syphilis while still under treatment for tertiary syphilis due to infection two years previously. Immunity in syphilis is, therefore, relative and not absolute, and reinoculation is not necessarily a proof of cure.

(d) With regard to the effect of salvarsan on the Wassermann reaction, there is considerable disparity in the results of different observers, but it seems that it is less effective in transforming a positive into a negative reaction than intensive mercurial treatment. In any case, considering that the intimate nature of this reaction is still unknown, it appears hardly logical to accept the transformation of a positive into a negative Wassermann reaction as evidence of the efficacy of any form of treatment.

In short, the arguments brought forward in favor of salvarsan effecting a cure of syphilis, abortive or otherwise, are based on faulty premises.

2. As regards the rapidity of the healing effect of salvarsan, the earlier observers described this in exaggerated terms—marvelous, dumfounding, etc. Obsessed by their enthusiasm for the new drug they appeared to have forgotten that it is quite a common thing for syphilitic lesions to heal under mercury and iodides with a rapidity which we might call marvelous if we were not so familiar with it.

More recent and less biased observers do not seem to have discovered anything in the healing effect of salvarsan which would justify such extravagant descriptions. Thus, Professor Gaucher (9) at the Saint Louis Hospital, Paris, found that there are some cases which resist the action of salvarsan, others which heal with the same rapidity as under salvarsan, others again which heal more rapidly; but the latter are superficial ulcers and mucous patches which are easily healed by mercury. Gottheil (10), of New York, says, "its immediate effect may be better in some cases than that of mercury; in others it is slower and less certain; in some cases it fails." Levy-Bing (11), at the Saint Lazare Hospital, Paris, found that the effect of salvarsan (by intramuscular injection) was not superior to that obtained by soluble injections of mercury. Lieven (12) of Aix-la-Chapelle, says the action of salvarsan is no quicker than that of calomel injections.

The results of these eminent syphilologists are sufficient to show that the reports of the earlier observers were exaggerated. It is also noteworthy that the degree of enthusiasm seems to be inversely proportional to practical experience with the disease. Many of the more optimistic workers have had little practical experience with syphilis, while the more experienced syphilologists are more reserved in their opinions.

3. With regard to malignant syphilis, it is astonishing what a number of cases were suddenly discovered after the introduction of salvarsan! As a matter of fact, malignant syphilis is nowadays decidedly uncommon. The term malignant syphilis has been applied rather indiscriminately to various severe forms of syphilis, but it is better to adopt Lesser's definition and reserve the term for cases in which the usual secondary period is absent or very short, and which are characterized by the early appearance of ulcerations of the skin and mucous membranes, which differ from ordinary tertiary ulcerations in their circular instead of serpiginous form, and in their wider distribution. Buschke (13) distinguishes four forms of malignant syphilis: (a) Cases which hardly require specific treatment, and end in recovery with stimulating and nourishing general treatment; (b) cases which react to mercury and iodides like ordinary syphilis; (c) cases which react to intensive mercurial treatment, especially calomel injections; (d) cases which resist mercury and iodides, but show improvement under mild arsenical treatment. The latter cases are rare, and Buschke would have recourse to salvarsan only in the very rare cases which do not react to any of the foregoing forms

of treatment. This reduces the indications for salvarsan in cases of malignant syphilis to a very low figure. Another interesting point mentioned by Buschke is the absence of spirochaetae in the lesions of malignant syphilis. This, as he points out, seems to indicate that the action of salvarsan is not parasitotropic, as Ehrlich thought, but organotropic like that of mercury and iodides.

Next, with regard to the cases said to be resistant to or tolerant of mercury: Here again it is remarkable what a number of such cases suddenly appeared after the invention of salvarsan! One is inclined to ask what kind of mercurial treatment was tried. In my experience there are very few cases which cannot be made to yield to judicious combinations and variations of mercury and iodides. Failure is often due to the adoption of routine methods. As Sir Jonathan Hutchinson (14) has recently remarked, "but little has been alleged respecting the new remedy which is not equally true of mercury and the iodides when properly and boldly used." In short, the introduction of salvarsan has led to the appearance of two spurious epidemics, one of malignant syphilis, another of cases which resist the action of mercury!

In congenital syphilis the results of treatment by salvarsan are even less convincing than in the acquired disease. It is true that successful results have been recorded in some of the late manifestations of hereditary syphilis, such as interstitial keratitis, and in some cases of infantile syphilis; but relapses and failures have been common, and several deaths have been recorded, especially in infants injected with the drug.

Indirect treatment of the suckling infant by injection of the mother has been tried by several observers, and cases in which the symptoms disappeared in the infant have been reported by Duhot (15), Taege (16), and Sequeira (17). However, failures necessitating recourse to mercurial treatment have been recorded by Jeanselme (18) and others, and death of the infant after such treatment has been reported by Kakels (19) and Peiser (20). It was at first stated that no arsenic was present in the milk and the effect on the infant was attributed to an antitoxine formed in the mother as the result of the injection of salvarsan and excreted in the milk. More recently, however, arsenic has been said to be present in the milk.

Death of the infant after direct injection of salvarsan was said to be due to the sudden liberation of endotoxines from the spirochaetae killed by the drug. This is a purely theoretical assumption; it is more probable that the infants died of arsenical poisoning or shoek.

The true test of the efficacy of a drug in the treatment of syphilis is its preventive action against the subsequent development of tertiary and parasymphilitic manifestations, and against transmission of the disease to the offspring. In the case of salvarsan the time is too short for any evidence of a preventive action against tertiary and parasymphilitic phenomena, and, so far, there is no evidence to show that it has a preventive action on hereditary syphilis. In the case of mercury, however, Fournier's statistics have shown that the percentage of tertiary and parasymphilitic affections is far lower in cases which have received proper mercurial treatment than in those which have had little or no mercury, and the action of mercury in preventing transmission of the disease to the offspring has been demonstrated repeatedly.

I think it is clear from these considerations that the original claims for salvarsan have not been substantiated, that there is no evidence to show that it cures syphilis, and that it cannot replace mercury in the treatment of this disease. Salvarsan may cure the symptoms temporarily in certain cases, but it does not cure the disease.

The question still remains whether salvarsan is of use as an accessory drug. Many of the more recent investigators, recognizing the fact that syphilis cannot be cured by salvarsan alone, now advocate combined treatment with mercury.

Arsenic, especially in the form of Donovan's solution, has long been known as a useful accessory drug in the treatment of syphilis. But, if the organic preparations of arsenic, such as salvarsan, have fallen from their high estate to the subsidiary position of accessory drugs, why should the older arsenical preparations, which are safe and of proved value, be replaced by preparations which are dangerous, owing to their unstable composition and the large quantity of arsenic which they contain?

The Dangers of Salvarsan.

A considerable number of deaths have been recorded after treatment by salvarsan. It is also well known that other deaths have occurred which have not been recorded. Some deaths are said to have occurred in cases which were hopeless, others are excused on account of faulty technique (such as intravenous injection of insoluble preparations). Faulty technique is inexcusable; the technique should be perfected before the drug is tried on human beings.

With regard to the question of optic atrophy, which led to the abandonment of atoxyl and arsacetin, it does not appear quite clear whether this has yet resulted from salvarsan. A

case of optic atrophy after injection of salvarsan has been reported (21), but as this patient had been previously treated with atoxyl, arsacetin, and enesol, it is not conclusive. Isaac (22) mentions two cases in which "blindness" resulted, and Starr (23) mentions the case of a tabetic patient who became almost totally blind six weeks after injection of salvarsan.

Ocular paralysis (24) and labyrinthine disturbance have been reported by Stern, Finger, and others, and Finger (25) considers that this neurotropic action of salvarsan contraindicates its use in the ordinary treatment of syphilis. Buschke (26) points out that deposits of salvarsan in the tissues are known to produce necrosis, as shown by the numerous cases of necrosis of the glutei muscles, which have occurred after intramuscular injection. He thinks it possible that microscopic foci of necrosis may be produced in the internal organs after injection of the drug, and that these may predispose to further manifestations of visceral syphilis. In support of this view he mentions the tendency of syphilitic eruptions to appear in tattoo marks in the skin.

Symptoms of pulmonary embolism have occurred after intravenous injection of salvarsan, and a fatal case is mentioned by Mackintosh (27). Such cases were perhaps due to an insoluble preparation being used, and it is possible that the drug when used in solution may cause fewer accidents than when used in suspension. However, considering the unstable composition of the preparation, it by no means follows that the drug remains in a state of solution in the tissues of the body after injection.

Lastly, Sir Jonathan Hutchinson (28) has recently drawn attention to the possibility of salvarsan giving rise to arsenical cancer. In this event, the remedy would be truly worse than the disease.

Conclusion.

Even if the administration of salvarsan was free from dangers and inconveniences, there appear to be few indications for its employment in the treatment of syphilis, but the dangers and inconveniences seem to outweigh any possible benefit to be derived from it.

References.

1. Wiener klinische Wochenschrift, November 24, 1910.
2. Proceedings of the Royal Society of Medicine, February, 1911.
3. Annales des maladies veneriennes, March, 1911.
4. Berliner klinische Wochenschrift, August 8, 1810.
5. Annales de dermatologie et de syphiligraphie, 1905.

6. These de Paris, 1910.
7. Sitzungsberichte der kaiserlichen Akademie der Wissenschaften, 1905.
8. British Medical Journal, September 11, 1909.
9. Gazette des hopitaux, November 15, 1910.
10. Medical Record, December 31, 1910.
11. Loc. cit.
12. Loc. cit.
13. Berliner klinische Wochenschrift, anuary 1, 1911.
14. British Medical Journal, April p9, 1911.
15. Munchener medizinische Wochenschrift, 1910, No. 34.
16. Ibid. 1910, No. 33.
17. British Journal of Children's Diseases, February, 1911.
18. Revue generale de clinique et de therapeutique, 1910, No. 53.
19. Medical Record, 1910, No. 25.
20. Berliner klinische Wochenschrift, January 1, 1911.
21. Munchener medizinische, Wochenschrift, January, 1911.
22. Ibidem, August 15, 1910.
23. Medical Record, January 14, 1911.
24. Deutsche medizinische Wochenschrift, January 5, 1911.
25. Wiener klinische Wochenschrift, November 24, 1910.
26. Berliner klinische Wochenschrift, January 1, 1911.
27. Lancet, March 18, 1911.
28. British Medical Journal, April 29, 1911.
- N. Y. Med. Jour.
- 21 St. John's Wood Park, N. W.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M.

D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles Eclectic Society was held on August 1st, in the College Hall at eight o'clock. There was an unusually large attendance.

The minutes of the previous meeting were read and approved.

Upon being called upon, Dr. J. A. Munk gave a report of the National Meeting in Louisville, Ky. Dr. Holton also spoke on the trip to the National and both talks were exceedingly interesting, the latter being very comical.

Dr. Duncan presented the paper of the evening, entitled "Syphilis." This was discussed at some length by Drs. Munk, Holton and others. Mr. Alliot, of the South West Museum was present and related many interesting facts concerning Salvarsan, from the standpoint of the European Scientist.

The Society accepted the invitation of Dr. A. P. Baird to meet at his home, 1407 Manitonga Way, on the next regular meeting night, which will be September 5th.

Adjournment.

P. M. WELBOURN, Secretary.

J. F. BARBRICK, President.

STATE SOCIETY NEWS.

San Francisco, Cal., Aug. 3, 1911.

My Dear Doctor—Greeting:

From our last meeting we have all reason for feeling delighted and encouraged. Our meeting was bright and crisp, pleasant and profitable. During the three days' session there was not an idle moment—in fact, some of the splendid work and very valuable papers, owing to lack of time had to be deferred and read by title, which we regretted very much, but the papers are to appear later in the California Medical Journal, when we will have the double pleasure of reading them over more carefully, as they certainly require thought and study so that we may deduct and apply their valuable principles correctly.

We would very much like to have you join the State and National if you are not already a member. In this way you would greatly assist and help strengthen the organization. There never was a more propitious time than the present for

the further development and advancement of our school and the cause of Eclecticism in California. If you decide to join write to the secretary.

We want you at our annual meetings to help assist the good cause along. Will you come? You will not regret the visit, I assure you. The change and relaxation from your labors will do you good. The exchange and interchange of thoughts the Vis a tergo or flow of human intelligence from one to another. Some ideas, points and suggestions picked up while here may more than repay you for the time spent and expense of your visit, besides the enjoyment of fellowship. The meeting of old and young college mates and acquaintances will cheer you up and cause a real rejuvenescence of us all. You will return to your labors feeling refreshed and better for having attended them, besides helping us perpetuate the spirit of the "Fathers," who, real reformers, introduced the American or Eclectic system of medicine nearly a century ago. Let us be loyal to them and faithful to the cause.

Yours fraternally,

H. VANDRE, M. D., President.

2935 San Jose Ave., San Francisco.

H. F. SCUDDER, Secretary, 125 Cajon St., Redlands, Cal.

COLLEGE NOTES AND OTHER ITEMS.

J. Fraser Barbrick, M. D.

PROF. HUBBARD'S WORK ON SURGERY:—which will be ready for distribution soon, will we feel be a much needed, distinctive, and valuable addition to Eclectic Medical and Surgical literature. It is with much pride that the California Eclectic Medical College hails the publication of this work by its able and popular Professor of Surgery. Knowing the author as we do and appreciating his practical methods and well deserved reputation for painstaking thoroughness, we predict for his book a widespread sale and popularity, not alone among Eclectics but among physicians of all schools. It will be available not only as a text book for our students but will, because of its original, practical and distinctive features, one of which is the treatment of surgical conditions with Specific remedies from the standpoint of Specific Diagnosis, be a most valuable book for the general practitioner.

An up-to-date Eclectic Surgery was greatly needed, and it is a pleasure to know a C. E. M. C. Professor was not only able but willing to supply that need.

THE FOLLOWING STUDENTS were present at the County meeting Aug. 1st; Cox, Stammers, Madison, De An-

gelis, Sasso and Sprehn. They passed both an enjoyable and profitable evening.

WHEN THE STUDENT BODY GATHERS this fall the members should ask Cox about the "chambermaid" and the "Statue of Venus." A joke on Coxie is always worth while, but these are rich.

THE OUTLOOK for the coming session is very encouraging indeed. The Dean tells me, from the inquiries and applications already received, he looks for an enrollment to the full capacity in all classes this year. With the addition of two new men to the faculty, Prof. Holman of Indiana, and Prof. Naughton of Massachusetts, every weak point in our teaching force has been overcome and students wishing to be prepared theoretically, practically, and thoroughly, for the practice of medicine, should carefully investigate and consider the advantages of the California Eclectic Medical College.

THE ALUMNI:—It seems to me the time has come to either resurrect and reorganize the old Alumni Association of our college or form a new one. The college needs at least the moral, and if possible the financial support of its Alumni; and its graduates need the benefits and privileges which would accrue from such an association. As a starter I have written a number of the older graduates and the replies have been encouraging. I would like to get a copy of the constitution and by-laws of the old Alumni, and if any member reading this should have a copy and would loan it to me for a while I would be very thankful to receive it and will guarantee its safe return. Also we would like to have the advice, assistance, and support of all graduates in this matter, and would be glad to hear from any of our men with suggestions along this line.

NEWS ITEMS.

Dr. H. Ford Seudder, Riverside, with his family is spending the summer at Coronado Beach.

Dr. O. C. Darling, Riverside, was in the city for a short time last month.

Dr. H. Scott Turner, Pomona, Dr. L. A. Perce, Long Beach, and Dr. Q. A. R. Holton, Whittier, were out-of-town members present at the last County meeting.

Miss Margaret Hanson, Pomona, has completed the three years' course in the Westlake Hospital Training School for Nurses and has been granted a diploma. A reception was ten-

dered Miss Hanson on August 9th, at the Nurses' Home, at which time a number of the friends of the nurses and of the hospital were entertained.

Dr. E. C. Bond, Phoenix, Arizona, paid us a call last month. The Doctor's family are spending the summer in Long Beach and he came over to visit them a few days.

Dr. and Mrs. H. C. Smith, Ainsworth, Nebraska, paid this office a pleasant call this past month. The Doctor is making quite an extended visit to the coast with the idea of looking up a new location, because of poor health.

Dr. E. Mather, Detroit, a short time ago was badly shaken up and his machine wrecked in a collision with a street car.

We have just learned of the death of Mr. Wyatt Stevenson by drowning on the day that his parents, Dr. and Mrs. E. H. Stevenson, returned from the National Convention. Mr. Stevenson was a druggist and was held in the highest esteem by his townspeople. The Journal extends sympathy to the bereaved family.

We are in receipt of the program of the First Annual Meeting of the American Cancer Research Society, which was held June 6 and 7 in the Hotel LaSalle, Chicago. The program would indicate an interesting meeting.

Dr. Geo. P. Gerichten, Janesville, Lassen Co., Cal., writes, "I intend leaving here after ten years, and want a good doctor to take hold where I leave off. Good country, good field, good people, good business, good collections. Nothing to sell."

ANNOUNCEMENT.

Practical Surgery, a volume of nearly nine hundred pages by B. Roswell Hubbard, M. D., Professor of Surgery in the California Eclectic Medical College, Los Angeles, will be off the press about September first. The subject matter is original and up to date. Unnecessary time and space has not been given to the description of surgical ailments, disputed theories being omitted. A distinctive feature of the book is the treatment of surgical conditions with specific remedies from the standpoint of specific diagnosis. Directions for the execution of operative work are clear and comprehensive. It is a work for the busy practitioner and the student will find within its pages definite advice that will aid him materially in his pursuit of surgical technic. The work is original and covers the

author's experience and observation in surgery during the period of thirty years, in general and hospital service.

Address all communications to

THE SEGNOGRAM PRESS,

600-603 Ferguson Bldg., Los Angeles, California.

Price \$5.00 net.

BOOK REVIEWS.

HYGIENE OF PREGNANCY by E. S. Harris, M. D., Blue Springs, Mo. This is a little booklet of some thirty pages printed on book paper. Price ten cents per copy.

The purpose of this little booklet is to give information to the pregnant woman. They have proven a great help to the doctor in obstetric practice and many have found it most advantageous to buy these booklets in quantities and then to distribute them to their patients.

HIERONYMUS FRACASTOR'S SYPHILIS, FROM THE ORIGINAL LATIN. A translation in prose of Fraecastor's immortal poem. Printed on hand-made imported paper; Library Binding. Crown Octavo. The Philmar Company, Medical Publishers, Fidelity Building, St. Louis, Mo., Price \$2.00.

This is a small volume of sixty pages, but a classic and very interesting. To Fraecastor is due the credit of giving to this disease the name which has endured throughout many centuries. He gives a good clinical description of the symptoms of the disease, showing throughout the lines, his erudition, his keen appreciation of the importance of the subject as well as his mastery of the matter in hand.

This poem is filled with mythological allusions and is altogether a charming volume, and as such we recommend it.

LITORA ALIENA. By Medicus Peregrinus. From the Boston Medical and Surgical Journal. Octavo, 78 pages. Price 50 cents. W. M. Leonard, publisher, Boston, Mass.

This is a series of letters sent to the Boston Medical and Surgical Journal by one of its editors during a recent European trip. We do not recall having read a more charming and yet more instructive dissertation on the numerous places of interest that attract medical men to Europe than this little volume of 78 pages. Every line betokens the keen observation, the broad spirit and the culture of a well trained medical mind viewing foreign fields with open eyes, and delightfully recounting in choicest English the things that we, as medical people, delight to seek out.

1000 SURGICAL SUGGESTIONS, By Walter M. Brickner, B. S., M. D., Adjunct Surgeon Mount Sinai Hospital, Editor in Chief American Journal of Surgery, with the collaboration of James P. Warbasse, M. D., Harold Hays, M. D., Eli Moscheowitz, M. D., and Harold Neuhof, M. D. 225 Pages. Cloth Bound Semi-de Luxe \$1.00. Full de Luxe, Leather \$2.25. Surgery Publishing Company, 92 William Street, N. Y., U. S. A.

This is one of the biggest little books ever presented to the profession. In its 225 pages are found a collection of 1000 epigrammatic, succinct, virile and instructive hints based upon actual experience and everyone a lesson in itself.

The Suggestions are so arranged and indexed that all subjects covered can be immediately referred to and the particular hint upon any particular subject immediately found. It bristles with pointed and useful suggestions which in many cases might just turn the scale from failure to success. Its mechanical presentation is a feature worthy of mention. It is square cloth bound stamped in Gold, printed upon India Tint paper with Cheltenham type with special marginal side headings in red. A dollar could not be better invested than in the purchase of this book.

READING NOTICES.

A PROMISING AGENT IN HAY FEVER.

Dr. J. E. Alberts, of The Hague, Holland, undoubtedly performed an important service when he directed the attention of the medical profession to his new combination for the treatment of vasomotor rhinitis. We refer to the combination now known as Anesthone Cream, which has heretofore been briefly noticed in these pages, and which contains one part of adrenalin chloride to twenty thousand (1:20,000), and ten per cent. of para-amido-ethyl-benzoate, and is marketed in the form of an ointment.

Applied to the mucous membrane of the nares, Anesthone Cream has a persistent anesthetic effect which affords marked relief in hay fever. As para-amido-ethyl-benzoate is only slightly soluble in aqueous fluids, its anesthetic action is prolonged. It does not have the poisonous effect of cocaine upon the protoplasmic element of cells, nor does it depress the heart. Furthermore, there is no tendency to "habit" acquirement.

The preparation came into considerable use during the hay-fever season last year, the consensus of opinion being that it affords a very practical and satisfactory means of relief from symptoms due to hyperesthesia of the nasal mucous mem-

branc, and without ill effects—an important consideration. The fact that the relief continues for several hours in some cases is worth remembering, in view of the fleeting effect of most local anesthetics.

Anesthone Cream is supplied in a collapsible tube with an elongated nozzle to facilitate its application to the nasal mucosa, a portion of the cream about the size of a pea being applied three or four times a day, as may be necessary. It is marketed by Parke, Davis & Co. Whether, as an agent in the treatment of hay fever, it will attain the vogue reached by some other preparations put out by the same company—notably Adrenalin Chloride Solution and Adrenalin Inhalant, which have been before the medical profession for a number of years and thus have the advantage which pertains to priority—remains to be seen. At any rate it is worthy of a fair chance, which, of course, in the long run it is certain to get.

PROMPT RELIEF IN SCIATIC PAIN.

In reporting his experience in the treatment of sciatica, Fred E. Davis, M. D., writes as follows in *Annals of Gynecology*: “I have been giving antikamnia and codeine tablets a thorough trial in the treatment of sciatica, and I must say that my success has been phenomenal, indeed. I have also induced two other physicians to give them a trial, and their success equals or surpasses my own. I meet with many cases of sciatica, and before adopting antikamnia and codeine tablets I used a great deal of opium and morphine to relieve the pain. Since then I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and codeine tablet every four hours, and in forty-eight hours she was up and about and has not felt the pain since.”

WHEN THE NERVES ARE IN A RIOT.

When the nerves are in a riot and the whiskey-laden patient sees green elephants turning handsprings on his bedposts—then is there clear indication for PASSIFLORA INCARNATA (Daniel's Concentrated Tincture). It will soothe the inflamed brain, quiet the quivering nerves and procure for the patient a deep, restoring sleep. PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) is more potent than chloral and the bromides, and has none of their evil effects. A sample bottle sufficient for trial will be sent to any reputable

(Continued Page XII.)



**IN ALL DISEASES of the
MUCOUS MEMBRANES**

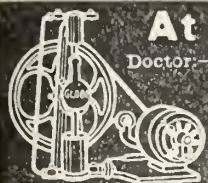
*requiring an astringent antiseptic—and in Albuminuria,
Diarrrhea, Dysentery, Night Sweats, Hemorrhages,
Catarrh, Sore Throat, Leucorrhoea, Piles, Sores, Ulcers
and Burns, etc.*

PINUS CANADENSIS (KENNEDY'S)

**Dark and Light—has proved its efficiency in practice
for more than thirty years.**

Complete Formulæ appear upon the bottle labels. Adequate clinical
test quantities on application.

RIO CHEMICAL CO., 79 Barrow Street, New York City.



At Last — A Perfect Air Compressor

Doctor—This Electric Air Pump is just what you are looking for, to give you that steady, continuous air pressure without bother. Powerful, compact, quiet, double compression, sanitary air filter, bronze bearings, gravity valves, with or without motor. Get our prices, but in any event, Get the Pump. Made by us. Ask for special pump leaflet, also Catalog of Globe Nebulizers and Comprest Air Vibrators, Free.

GLOBE MANUFACTURING CO., Battle Creek, Mich.

physician upon request by Laboratory of John B. Daniel, Atlanta, Georgia.

TUBERCULOUS TAINTS.

Cotton seed oil has proven a very valuable tissue nutrient in patients with a "tuberculous taint." When it is remembered that cotton seed oil possesses pronounced nourishing properties, probably much more so than any agent now employed for the purpose, its power to add strength to weak tissues and overcome a tuberculous tendency will be appreciated. The best mode of use of cotton seed oil is its emulsion, known as NUTROMUL (Brown's Cotton Seed Oil Emulsion).

NUTROMUL is a pleasant product, containing a high percentage of the oil, which is fortified by the additions of the hypophosphites of lime, soda and manganese.

If you have not received a sample, drop a request to the Nottoc Laboratory, Atlanta, Ga.

THERAPEUTIC ACTIVITY PLUS PALATABILITY.

The popularity of a remedial agent that is therapeutically active and palatable is assured, for beyond these qualities there is nothing to be sought. These are the features of Cordial of the Extract of Cod Liver Oil Compound (Hagee) that make it such a favorite with physicians.

As a reconstructive and tissue nutrient, it stands the most rigid clinical tests and the prescriber may feel sure that definite results will follow its administration. One of its fields of usefulness is in the protracted convalescence consequent upon a severe infection such as typhoid fever. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) stimulates the reconstructive functions and aids materially in hastening the return to health.

A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs	75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only	25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

CALIFORNIA FIG SYRUP CO.

ADDRESSES:

San Francisco, Cal.

Louisville, Ky.

U. S. A.

New York, N. Y.

The California Eclectic Medical Journal

Vol. IV

OCTOBER, 1911.

NO. 10

Original Contributions

THE DUAL MISSION OF ECLECTICS.

Dr. Ovid S. Law, Los Angeles.

The history of Eclecticisim in medicine shows that it was a protest against the barbarity of the prevailing practice of the old-time doctor. He was the very picture of arrogance and self conceit. He went out well supplied with calomel, blue mass, opium, tartar emetic, and a lancet and blister plaster. This was about the extent of his outfit sixty years ago, as well as I remember. And he used his weapons of warfare with a vengeance, making the blood fly and people's teeth drop out and children's cheeks, lips and gums drop off. The best remembered clinical lesson that I got at the E. M. Institute was when Professor Z. Freeman put a patch on a young girl's cheek by taking a flap from her arm. The poor child could not open her mouth until extensive adhesions were broken up, but the professor made a good job out of a seemingly hopeless case which had been caused by calomel.

Is it any wonder that a safe and sane practice should spread as did Eclecticisim at that time? Had the doctors printed their distinctive names, either American or Eclectic, on their cards and signs they could have taken the land for "Specific Medication" and "Medical Freedom."

But the idea of forming a new school seems not to have been in the minds of Beach and others, but simply to protest against the cruel death-dealing practice by giving something not so bad. But the spirit of arrogance and intolerance was so rampant that party lines were soon drawn, and a vigorous and independent lot of humanitarians stood on one side while their blood-letting persecutors stood on the other. But the protest was not a failure. So many people saw and felt the difference, that blood letting had to go. Calomel was reduced in degree and many other bad things modified by the Allopaths just because they had to do so to save a hold on the people.

The old school claimed to be Regulars holding the keys of the medical kingdom and acted as if they were infallible by persecuting every independent thinker. Their regularity is

well established on the lines of persecution and compulsion by legislative trickery.

As to medical practice, they have abandoned their old-time methods and theories. They have shifted their heroic death-dealing methods to something more refined and less painful, but, perhaps, not much less dangerous. If they were right sixty years ago, why did they abandon their practice? Having abandoned it, what right have they to claim regularity? It is simply and clearly a bald assumption. Numerous schools of healing have arisen, all of which protest against the Allopaths in general and offer something considered of practical value to the afflicted. And best of all the intelligent and liberty-loving people all over the land have arisen in protest against the political cunning of the Allopathic medical trust, which is bent on ruling out all opposition by legal enactments.

One would suppose that a lot of doctors who have combined and are trying to choke out all competition could show some skill in emergencies that are liable to come up any day. But, reported failures show them in a bad light. Some time ago, down here at Eastlake Park, a man was bitten by a rattlesnake that he had charge of, and is said to have had all the skill furnished by the County Hospital, which is run by Allopaths, but the man died. Yet any Eclectic doctor in the city could have cured him in twenty-four hours. Only a few days ago we learned that a surgeon, Dr. Gates, in one of our City Hospitals, pricked his finger with a safety pin and died from its effects. Surely he must have had all of the present-day skill of the Allopathic school at his command, yet I believe that our Eclectic remedies could have cured him. Allopaths cannot cure snake bites nor infection from safety pin punctures and such like, yet they are scheming to choke out all other schools and put themselves on the pay rolls of the state with legal authority to compel people to submit to their orders. Eclectics protest against all forms of class legislation and will strive to maintain medical freedom; to warn our teachers against mischievous meddling with our public schools, which is only a flank movement to get into power and use it for party purposes.

We, as Eclectics, propose to resist all such encroachments and try to maintain the sacred relationship of the family doctor to the people who expect to find in him a friend and a safe physician, a healer and not a reckless butcher; one that tries to lift people up and give them thrift and abundance of that "Sacred Trinity"—religious, political and medical freedom—instead of the medical slavery urged by the Allopaths.

REVOLUTION IN MEXICO.**T. F. Benndorf, M. D., Xicotencatl, Tamps, Mexico.**

Read before the California Eclectic Medical Society.

Viva la Republica! Viva Madera! is the night cry of the Mexicans at the present. Children are enthusiastic about war, marching with red flags, their professors ahead. La Plaza is crowded with old and young, disputing among themselves the situation of the day. In the heart of every Mexicano burns the fire of revenge against the Gringos, who are controlling their government at large and leading the political progress and commercial enterprises, which almost entirely are in the hands of the foreigner. The bad feeling is nourished by the military, irritation on the border and strict neutral law. If the common people had, today, rifle and ammunition, there would be anarchy tomorrow in Mexico.

The government of Diaz is powerless and cannot pacify the nation with idle reform promises which so often have fooled the people before. The wisest and best plan is to make a dead stop at once of the revolution because of the safety of Americans and their property. Delay means danger to all sides. The whole world is looking today towards Mexico, especially Japan, Germany and Russia. The Monroe doctrine must be confirmed or abandoned. Germany and Japan have by special treaty the right to establish a permanent harbor for ships on Mexican land, which is already bought for large sums of money, by the governments above mentioned.

Many Mexican people living in Los Angeles, and no doubt many of you, have visited Mexico; therefore we will agree that a Mexican will adopt a good thing very quickly, especially American customs of living and doing business. Why, then, are the people in Washington too slow to do the work which is a duty and an obligation? In Cuba the devil has been driven out by McKinley. The English government corrected the Boers. The very same work must be done in Mexico. Mexicans have sold their lands to foreigners. The richest mines are opened by foreigners and outside money built the railroads and telegraphs, besides building large factories. Now, the caballero has spent his money in a foolish or idle way of living; doesn't like to work; no more credit for him. He now is kicking against the government for allowing the Gringos to come here, and if given a little more rope the calf will kick the bucket, and the government, too, to the great sorrow of many.

The revolution is a serious matter indeed. The united nations of the world should not allow the children of nature to

play with the fire of politics. They don't know what they are doing! God forgive them!

Mexicans are a race of half-breeds and a nation of tyrants and slaves. The virgin soil brings forth all kinds of thorns and thistles, where vipers, cayotes and outlaws are hiding. Mexico is a cesspool for criminals from all nations, inbreeding the race to deeper immorality and poverty and misery. Eighty per cent of the men, women and children are today suffering from the effects of syphilitic diseases; examining the poorer classes only, 95 per cent would be the count. Family life is a very loose one. It is customary for the rich man to do as he pleases. His wife keeps silent because she has no rights—the French custom—no marriage at all; changing the wife as you would swap horses. Many Americans adopt this rule quickly and their wives go back to the States to the folks. The practice of medicine has no restrictions—almost anybody who pays the tax and has plenty of gall and a little courage, may call himself a medico. I am a registered doctor in the state of Tamalipas, A. S., besides am a medico at the first court. Many American doctors are here and are doing well, but some of them could be called quacks. They are bleeding the people for great sums of money, whereas an honest doctor charges \$3.00 a visit. It is the same in all other lines of business. In Mexico we indeed need a fundamental reformation.

“LITTLE THINGS THAT PAY.”

By W. R. Fowler, M. D., Pottsville, Texas.

Read before the Texas Eclectic State Society.

In this day and age of the world, perhaps more than in any other which has preceeded it, men are looking for things that pay. Things that bring in large returns upon the investment are the ones that interest us most. Convince a man that you have a paying proposition and you at once enlist his interest.

Also we are very prone to look for big investments, large fees and grave cases, and to only such are we apt to give our best attention. Whether this is as it should be or not I am not going to discuss at this time, but will merely call your attention to some few “little things that pay.” Not that you do not already know them, but my purpose is simply “to stir up your pure minds by way of remembrance.”

An hour's reading each day is a small thing, too small to engage the attention of many a doctor, yet, I say to you that for the investment made nothing else I know of will bring as

large returns. It keeps up your interest as nothing else will do; it enlarges one's store of useful knowledge; it broadens our view of life's great work, and besides all this it supplies your own brain cells with proper exercise and food and retards your own decay.

A small bill is a very small thing, especially to a doctor when he has so many of them. Still, it pays to collect them—collect them while they are small. The very smallness of the bill is a help in its collection. It pays not only in the amount of dollars and cents involved, but your patrons will learn that you are businesslike and careful in even the little things, and he that is careful and faithful in the little things is fitting himself for the greater things.

The investment of a few dollars is another very small thing in itself, but when the happiness and comfort of yourself and family in your declining years depend upon it, it does not appear so small, and we can easily see that if properly invested it pays. Doctors by the thousand are losing their hard-earned surplus by investing in propositions of which they know nothing except that they promise large returns.

The doctor is neither by education nor training fitted for such scheming. Keep your earnings near home, invested in good notes and landed securities with fair interest. Here as everywhere else, the safest is always the best. By judicious investments in your own community, as I have suggested, your safe business principles will inspire your patrons with greater confidence in you, and you will not only provide for your declining years, but you will also be a real benefactor.

Next, attend your state society meetings. This is not a big thing, but one that is sadly neglected. Even so little a thing as a straw tells which way the wind is blowing. So, besides the new ideas we get at these meetings by the interchange of thought, the renewal of old friendships and the forming of new ones that go so far towards making life worth living, we show to our fellow soldiers in the great war against disease, and our patrons at home, that we are alive to the best interests of the cause we represent and that wherever duty calls we will there be found.

Another thing that is small within itself, one that is overlooked and neglected most of all, is to write an occasional letter to your president, or at least answer the letters he writes you. There is no more sacred professional duty we owe each other than this. We are more or less all guilty. Let's renew our pledge of brotherly love and promise each other a more faithful performance of these little duties. It will pay in the

consciousness of duty performed, increase our interest in our profession and encourage our president in his unselfish labor for the good of all.

There are many other LITTLE things that pay. In fact, I am constrained to believe that the little things, those classed as such, pay the largest dividends. Two more and then I am done.

Cultivate the acquaintance and friendship of every child you meet. This is seemingly one of the least things of all. To some, however, it will be found very difficult to put into practice. Yet, the more difficult it is for you the more you need both their acquaintance and the training the effort will give. There is a declaration in Holy Writ that "A little child shall lead them." This is true in more ways than one. The majority of our patients are children and their influence for the doctor they love most will bring us many new patrons as well as help us retain the old ones. Not only this, but their influence over our own lives will help to keep us younger, enlarge our sympathies and keep us from losing faith in mankind.

Our next largest class of patients is among the wives and mothers of our communities. We may have the profoundest knowledge, the greatest possible skill, and still fail as a physician. Our knowledge, our skill, our tact and fair speeches all come to naught before her with whom we have so much to do. There are two things, little things in the consideration of many, that count for more with the wife and mother than all else combined. These are honesty and sympathy. Be honest with them always; they expect it; they are entitled to it, and they will never forgive you if you deceive them. Then, be sympathetic. I do not mean that you shall always be running over with a kind of sentimentalism that sometimes passes for the genuine article, but with that honest appreciation of their difficulties and needs and a real fervent desire to help. We should never be impatient with them when they come to us for aid. Never make light of any mortal fear they may have. The most of these are real to them and we can neither retain them nor help them unless we seek their confidence upon the high plane of honesty and real sympathy.

These things that I have mentioned are little by themselves, but I have seen men of the profoundest learning, without these little things, failures. On the other hand I never have seen a man with even ordinary ability and possessing and cultivating these little things but what was prosperous in his business, respected by his neighbors, beloved by his friends and a real benefactor to the world.

HYPODERMIC MEDICATION.

By John Albert Burnett, M. D., Gans, Okla. . .

The hypodermic method of using remedies is the most important and most powerful that is known in modern medicine. As I am not an authority on hypodermic medication, I would like to make a few quotations from well-known writers on this important method of using drugs.

The late Dr. Geo. C. Pitzer, who was well known as an author, editor and professor, said:

“Hypodermic Medication—this is the quickest and frequently the most effective method of reaching and impressing the system with drugs.”

Again he said: “Every physician should understand well the use of the hypodermic syringe; and he should know how to handle the drugs used with such marvelous success in this manner.”

I do not know of any drug, unless it is glonoin, that is used for systemic effect but what its action is quicker when used hypodermically than when used by mouth. I think I have seen the statement made that granules of glonoin dissolved on the tongue act quicker than when given hypodermically. I know they act quick enough when used in this way, but do not understand how it could be quicker than the hypodermic method. If it is claimed that any other drugs act quicker when given by mouth than when given hypodermically, I would like to be informed which ones.

Dr. Chas. A. L. Reed read a paper on “Hypodermic Medication in Italy” before the Academy of Medicine of Cincinnati, in which he said: “The opportunities offered me for observation during a recent vacation spent in Italy induces me to believe that hypodermic administration of remedies in general is there carried to a greater extent and with more success than in any other country. The results achieved from remedies when thus administered are considered much more definite and excellent than are the results from the same remedies when given by the mouth. This applies not only to morphia, atropia, strychnia and other agents ordinarily given hypodermically the world over, but to such remedies as iron, arsenic, mercury, phenic acid and a long list of remedies which if not exclusively are still most generally administered by the stomach.”

Dr. Reed mentions a great number of agents used hypodermically in Italy and then says:

“I am very sure from my limited observation that this

form of medication is well worthy of serious consideration of the medical profession in America."

In the Journal of the American Medical Association, April 15, 1911, I find the following abstract from an article, "Absorption from Intro-muscular Tissue," by J. Auer and S. J. Meltzer of New York, March, 1911, Journal of Experimental Medicine:

"Because the correctness of their previous work on absorption from intro-muscular tissue was questioned, Auer and Meltzer repeated their experiments, proving again that the absorption after intro-muscular injections is far superior to that after injection into subcutaneous tissue, approaching in its effectiveness that of an intravenous injection. The experiments were made on rabbits and the results obtained were constant."

The discovery of the H. M. C. or hypodermic general anesthesia was a grand thing in medicine, surgery and obstetrics, as well as for various pains of severe character which come up in general practice. No physician can afford to be without a hypodermic syringe and a supply of H. M. C. tablets.

In an article July, 1909, Eclectic Review, entitled "The Hypodermic Use of Drugs," by Dr. Frank Webb, the author speaks of using many remedies. Thus he uses Lloyd's specific medicines or Boericke and Runyon's mother tinctures. In speaking of apocynum he says:

"This drug, like many others, can be used in larger doses hypodermically than by mouth."

The hypodermic use of apocynum in five-drop doses every two hours has never failed to cure sciatica in Dr. Webb's practice. He did not state where he injected it.

He mentions his experience with the hypodermic use of aselepias, cactus, chenopodium, crataegus, dioscorea, gelsemium, lobelia, macrotys, melilotus, passiflora, phytolacca, pilocarpine, pulsatilla, solanum, spongia, veratrum and viburnum, also geranium in nasal polypus and thuja in warts.

He reports a cure in a case of epilepsy by using solanum hypodermically after all other means had failed and solanum had been used three years by mouth which would control but not prevent it.

This illustrates the superior curative power of certain drugs in some conditions when used hypodermically over all

other methods of employment when positive curative and best results are desired.

The value of Lloyd's ergot and hypodermic lobelia is very well known and are two remedies that should be kept on hand at all times. In an article, "Hypodermic Purgation," by Dr. E. S. McKee, March, 1908, *Therapeutic Record*, he says:

"Podophyllotoxine injected under the skin of an animal or man causes purgation in from twenty minutes to one hour."

On page 271, April, 1904, *St. Louis Medical Era*, Dr. A. C. Gore reports using strong coffee hypodermically in a case of opium poisoning. The patient had been in a lifeless condition about eight or ten hours. In about twenty minutes after the first injection the patient groaned one of the longest, deepest and most unearthly groans that Dr. Gore ever heard. It seemed to him that it emanated from the other world. In a few more minutes she could move a hand or foot, and in a few hours could answer questions and gradually became herself. Dr. Gore was perfectly satisfied that the coffee used hypodermically saved this woman's life, and I believe he was right in his opinion.

According to my opinion no drug should be used hypodermically in a human until first due experiments have been made on animals. It is best to never use any remedy hypodermically only those prepared by reliable manufacturers, especially for hypodermic use.

The hypodermic injection of any old thing into the human flesh cannot be too strongly condemned, as it is liable to cause trouble or even death. Most all remedies that are suitable for hypodermic use have been prepared by the various manufacturers especially for hypodermic use. Drugs that are painful or irritating when used hypodermically should be avoided as much as possible, as it tends to prejudice patients against this method of using remedies.

No drug should be used hypodermically only when hypodermic medication is indicated as no well-informed physician would think of carrying hypodermic medication to extremes, to the detriment of this mode of medication.

In ordinary cases and conditions hypodermic medication is not indicated, for the indicated remedy can be used in other ways and the desired results obtained.

QUESTIONS CALIFORNIA STATE BOARD OF MEDICAL
EXAMINERS.

San Francisco, August 1st to 5th, 1911.

OBSTETRICS.

Answer Ten (10) Questions Only.

1. What changes occur in the blood during pregnancy?
2. Give the names and measurements of the diameter of the pelvic inlet.
3. Describe fully the proper management when the head is above the superior straight and will not engage.
4. What do you understand by episotomy and when is it called for?
5. What methods would you pursue for resuscitation of still born child?
6. How would you determine that a dead infant had been born alive?
7. Describe conception and what is its physiology?
8. Give (a) Some of the important intra-uterine causes of asphyxia in the new born; (b) The external causes.
9. Describe in detail the changes that occur in uterus following child-birth and how long a time is required for involution.
10. In breach presentations describe the different methods of delivering the after-coming head.
11. What do you understand by version? Describe the management in two different forms.
12. What are the more common causes of adherent placenta?

PHYSIOLOGY.

Answer Ten (10) Questions Only.

1. Give proof that skeletal muscle possesses the properties of independent contractility and independent irritability.
2. Define the following physiological terms concerning the phenomena of muscle: Contracture, Tetanus, Summation, Muscle tonus, Rigor.
3. Discuss the inhibitory influence of the brain upon the spinal cord.
4. What are the causes of intravascular clotting.
5. How is the blood regenerated after hemorrhage?
6. Describe the coronary circulation during the heart beat.
7. What physiological properties does heart muscle exhibit which differ from those of skeletal muscle?
8. Define the terms intrathoracic pressure and intrapulmonic pressure.
9. What are the general properties of enzymes?
10. What is the origin of the hydrochloric acid in gastric secretions?
11. Describe the absorption of fats.
12. What are the internal secretions of the liver?

PATHOLOGY.

Answer Eight (8) Questions and Identify Four Slides.

1. Describe the blood changes in Leukemia and what organic changes are usually found.
2. How does scar tissue differ from normal tissues and under what circumstances is it formed instead of normal structures?
3. In the study of tumors or growths what macroscopic and microscopic characteristics would lead you to decide in favor of malignancy?
4. What are usually the immediate causes of death in typhoid fever in the third week, and describe the pathologic condition you would expect to find postmortem in such a case?

5. In a severe or neglected case of diphtheria what organic lesions are usually found?
6. Describe fully the permanent changes likely to result from a neglected, long-standing case of gonorrhoeal infection.
7. What changes take place in the brain in Senile Dementia?
8. Describe the changes which take place in the eye in Glaucoma.
9. Describe the condition of the lungs you would expect to find in a case of death of a child two years old from pneumonia resulting from a severe neglected attack of measles.
10. Give the pathology of Addison's disease.

CHEMISTRY AND TAXICOLOGY.

Answer Ten (10) Questions Only.

1. Define: Inorganic Chemistry; Organic Chemistry; Synthetic Chemistry; Physiological Chemistry; Pathological Chemistry; Pharmaceutical Chemistry.
2. Discuss the calcium and chlorine groups.
3. How can you distinguish tin from other metals?
4. Give the names and formulae of compounds of iron in medicine.
5. How would you make oxygen to be administered to a patient in an emergency, when a supply was not obtainable?
6. What does the normal mixed saliva contain?
7. How would you determine the specific gravity of blood?
8. What do the quantitative tests of gastric juice reveal?
9. How do acid albumins and alkali albumins differ; how are they affected by boiling; by acids?
10. What is the chemical treatment of alimentary corrosion caused by mineral acids? Why should the stomach pump be used carefully, if at all, in such cases?
11. Give the chemical and physical treatment of phosphorous poisoning.
12. Given a urine that reduces Fehling's solution, what poisons would you suspect?

ANATOMY.

Answer Ten (10) Questions Only.

1. Describe the topographical anatomy of the knee mentioning its landmarks and tendons.
2. What is the nerve supply of the flexor group of muscles of the forearms?
3. What are the surface points for the following: Bifurcation of the trachea; gall bladder; spleen; termination of the spinal cord; kidneys.
4. Mention from without inward the tunics of the eye and describe one of them.
5. Give location of (a) deep cardiac plexus, (b) celiac plexus, (c) aortic plexus, (d) Auerbach's plexus, (e) Meissner's plexus.
6. Describe the course of the portal vein, (b) Give its relations.
7. What is the result of total paralysis of the abducent nerve?
8. Describe the venous and arterial anastomoses about the ovary.
9. Name the structures passing through the superior opening of the thorax.
10. What is the origin of the spermatic arteries?
11. What are the surface markings of the liver?
12. Describe the pleural sac including attachments and contents.

BACTERIOLOGY.

Answer Ten (10) Questions Only.

1. Name the germs which usually cause Diarrhoea. How would you distinguish Asiatic Cholera from Summer Diarrhoea?
2. What causes Favus, Ringworm, Elephantiasis, Soft Chancre, Fermentation of Sugar? Give technical names.
3. Discuss, not over one page, Bacillus Diphtheriae.
4. How is Yellow Fever transmitted? Give in detail.
5. How is Tuberculin K supposed to influence Tuberculosis?
6. What is the specific test for Syphilis? Upon what principle does the test depend?
7. Describe Pasteur's method of neutralizing the poison introduced into a person by the bite of a rabid dog.
8. Describe briefly Hemolysis Bactericide, Phagocytosis, Antitoxin, Antigen.
9. Name the germs which are the cause of Conjunctivitis. Give 5.
10. How do germs produce pus?
11. Explain briefly Natural Immunity.
12. Describe Boas Oeppler bacillus. What is its significance?

HISTOLOGY.

Answer Only 8 Questions and Identify Four Slides.

1. Describe and locate the characteristic features which would enable you to tell a section from the skin of the forearm of an Ethiopian from a section of the skin of a Scandinavian.
2. Name the primary blastodermic layers and name—
 - (a) The structures developed from the mesothelium.
 - (b) The structures developed from the mesenchyme.
 - (c) The structures developed from the mesameboid group of cells.
3. Describe a section of the human cornea made perpendicularly to the surface. Make drawing.
4. Describe those microscopic features which would enable you to distinguish a section of the thymus gland from a like section of a small lymph gland.
5. What structural differences are there between the malpighian corpuscles of the spleen and those of the kidneys. Make drawings.
6. Describe the differences to be observed between a transverse section of the trachea as compared with a like section from the oesophagus.
7. Describe and make a drawing of a cell that is typical of—
 - (a) The cerebellum.
 - (b) The cerebrum.
 - (c) The retina.
 - (f) The testis.
 - (e) The blood.
8. What features would enable you to distinguish a section of the pancreas from a section of the parotid gland?
9. How do the fibres of the peripheral cerebro—spinal nerves differ from the nerve fibres found in the brain and spinal cord. Make drawings of transverse sections.
10. What is an erythrocyte? Describe minutely and tell how a normal cell differs in the adult human being from that found in early foetal life.
11. Identify two slides.
12. Indentify two slides.

GYNECOLOGY.

Answer Ten (10) Questions Only.

1. How would you determine whether cancer of the cervix is operable or not?
2. Amenorrhoea, classification, causes?
3. A fibroid tumor, the size of an orange, complicating pregnancy, what would you advise?
4. How would you determine if the pelvic floor is normal, in a multipara?
5. Differential diagnosis, appendicitis and adnexal inflammation of the right side.
6. The use of the pessary in retroversion of the uterus, and the mechanism of its support?
7. Diagnosis between the menopause and pregnancy within the first four months?
8. What may be revealed by digital examination of the vagina?
9. Differential diagnosis, ovarian cyst with twisted pedicle and extra uterine pregnancy?
10. Describe a normal menstruation and state the changes that take place in the uterine mucous membrane.
11. What are the common causes of prolapsus uteri, in an operation for its cure, what conditions must be met, and how?
12. Describe the fallopian tubes and ovaries, what are the natural supports?

HYGIENE.

Answer Ten (10) Questions Only.

1. Name four points to be observed in personal hygiene to prevent acquiring or imparting tuberculosis.
2. What course would you advise to be pursued to prevent tuberculosis in a child of tuberculosis parents? Name four principal points.
3. What are the causes of mouth breathing and what are the deleterious results?
4. Name some special precautions a child should observe at school in order to avoid contracting disease.
5. Describe some practical steps to be pursued by a municipality for the prevention of the spread of venereal diseases.
6. What should be done in prisons to prevent the spread of tuberculosis?
7. In a residence that is heated by a hot-air furnace located in the basement, what should be done to insure that the hot air is pure?
8. What are the hygienic advantages of automobile over horses at the home and in the city?
9. Why is candy now one of the factors in the diet of the American soldiers in the Philippines? What are the usual adulterations to be found in candy?
10. What are the dangers from the house fly? How would you prevent the breeding of flies? Describe three of the best methods of killing flies.
11. Give observations and methods necessary in the inspection of milk.
12. What sanitary precautions should be observed in typhoid fever? Give methods in detail.

GENERAL DIAGNOSIS.

Answer Ten (10) Questions Only.

1. Describe the technique of a lumbar puncture and of what diagnostic value it is.
2. Describe the symptoms and course of meningitis tubercuosis.
3. Give the differential diagnosis in Angina Pectoris.
4. Describe Arthritis Deformans. For what may it be mistaken?
5. Describe the following pulses—positive venous, Corrigan, Moisi, dichrotic, Bigeminus.
6. Give the aetiology and symptoms of Iritis.
7. Describe primary pernicious anaemia.
8. How would you proceed in examining a chest for incipient pulmonary tuberculosis, and what would you expect to find at each step of the examination in a positive case?
9. Detail the signs and symptoms of a case of aneurysm of the transverse portion of the arch of the aorta.
10. Describe a test breakfast. Describe the methods pursued in determining the presence of (a) Free hydrochloric acid, (b) Lactic acid., (c) Boas Oppler Bacillus.
N. B.—Quantitative statements as to composition of regeants need not be given.
11. Define (a) Hallucination, (b) Delusion, (c) Illusion and describe Paranoia.
12. What are the complications to be feared in the third week of typhoid and briefly enumerate their symptoms.

HOWE'S AMPUTATION OF THE CERVIX UTERI.

O. C. Welbourn, M. D., Los Angeles.

[Read before the Southern California Eclectic Medical Association.]

The writer had a personal acquaintance with Prof. A. J. Howe—now deceased—and considers him a man of remarkable literary attainments and one unsurpassed in the art and science of the surgery of his day. For notwithstanding the great gains recently made in surgical science, many of the methods which he introduced and perfected have not been improved. And the object of this paper is to again emphasize to you as Eclectic physicians an operation devised by an Eclectic surgeon and given to the profession as such. This operation is without a parallel for simplicity of technic and beneficial results to the patient.

The conditions requiring this operation are: A stellate laceration of the external os uteri, and a follicular cervicitis, the former usually causing the latter. The technic is as follows:

After the patient has had 24 hours preparation she is brought into the operating room, anesthetized and placed in a lithotomy position. A weighted duck-bill speculum is introduced to retract the perineum and expose the cervix. A cur-

rettage is usually required after which the posterior lip of the cervix is seized with a vulsellum forceps and the uterus drawn down towards the vulva. With a pair of long handle sharp point curved on the flat scissors, the posterior lip is severed at its junction to the vagina. Then the vulsellum is shifted to the anterior lip which is excised in a like manner. The severed surface now appears cup shaped with the cervical canal in the center. There is free bleeding which is usually controlled by a compressing sponge. Sometimes there is marked uterine arterio-sclerosis and it is necessary to place a ligature about both circular arteries. No attempt is made to suture the wound or close it in any manner. It will readily heal by granulation and at the end of two weeks the os is surprisingly virgin like in its appearance. The patient gains rapidly in health and strength and is soon able to resume her customary duties. As the internal os is not disturbed, impregnation and gestation will proceed in a normal manner.

This operation is so simple that the tyro can easily perform it. Moreover the results will be fully as satisfactory as the most elaborate method performed by an expert.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.
Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

C. E. M. C. 1911-1912.

Even though the college year has just begun things are moving along with order and enthusiasm. The student body seems quite hopeful notwithstanding the faculty has promised them a long and hard winter. By this time all of the old students realize that the study of medicine means hard brain work and lots of it. They have the freshman in a state of active apprehension, but there appears to be an unusually large percentage of determined faces among them and the class may be confidently expected to remain steadfast. It is a pleasure to see the old familiar faces back again, for we personally have a strong liking for the man or woman who knows what he wants to do and sticks to it. The enrollment at this writing is nearly fifty per cent in excess of any previous year, and this is very gratifying to those who are working day and night in the interests of the College.

HOW ABOUT YOUR SUCCESSOR?

Almost every week we have a letter from some belated practitioner asking us to send him a man who wants to be let into a good practice. Usually there is nothing to sell. It is just the feeling of a successful man who begins to feel the

weight of years and who would like to see his work continued after he has been gathered to his fathers. It is a sort of pride in a work well done. Regretfully we have to answer these requests by saying that it is impossible. Recent graduates there are to be sure and men endowed with brains and good medical educations at that but, almost without exception their location was selected before they even thought of studying medicine. Some five years ago some practitioner with more forethought than the most of them looked among his young friends about to graduate from high school and selected the boy that he believed would make a success of medicine and proceeded to adopt him forthwith. In due time he graduated from medicine and returned to the genial influence of his preceptor. Under such favorable auspices is it surprising that he becomes a successful practitioner and a man of importance in his community?

It is a good scheme, moreover it has been in good working order for many years. No one cares to think of growing old and feeble but may we ask the reader what plans he has made for his patients for five years from now?

That Buffalo Speech.

The Buffalo Homeopathic Hospital, to be completed in December, will cost, when completed, more than \$260,000, and the plans of it are thought to be about as near perfection in a hospital as can be attained. At a dinner held in Buffalo not long since, which had for its purpose, among other things, organization for the preservation of our school of medicine, Dr. Gilbert FitzPatrick, of Chicago, delivered an oration (for it was nothing short of that) which every member of the homeopathic school in America should become familiar with and consider well. Our Dr. Ward has given us a series of similar talks in perhaps a more abstract and profoundly thoughtful vein, but Dr. FitzPatrick may well receive the title of the Demosthenes of our school by his lawyer-like analysis and discussion and dissection of the campaign plans of the other school.

There are six moves of the enemy, according to FitzPatrick, which threaten us; First, the majority rule, *i.e.*, numerical strength in demanding legislation, numerical strength in dictating policies, numerical strength in assuming prerogatives. (He might have added numerical arrogance in claiming everything in sight.) He also referred to the crafty policy by virtue of which requests cunningly made "in the interests of higher medical education," when granted by us, are unblushingly used for the furtherance of all-hog political parties.

Second point: As a result of numerical strength in demand-

ing legislation, there are now no questions at all asked by some state boards on our materia medica, and rumors are flying about that several states may refuse examination to graduates of colleges not "properly endorsed." (That is to say, an honest man graduating from an unrecognized institution is to be turned down flatly, but any man who is a member of the cribbing-ring in a "properly endorsed institution" may cheat his way into practice with the solemn seal of our High Medical Mightiness upon his diploma, if he is smart enough to "work it.")

Third point: By a Russian police-spy system of inspection (via the janitor or scrubwoman route) our colleges have been "standardized" (which is polite for roasted in the newspaper). Eighteen months ago there were a number of homeopathic colleges in Class A. Now only five are allowed this distinction. Publicity of this fact is given in the newspapers, and no amount of small print can repair the damage, as they well know. (This comes pretty close to the line of dirty, underhanded work.)

Fourth point: The Carnegie Foundation Fund requires that each college shall have four professors receiving \$2,500 salary each per annum. This, of course, bars out nearly all the homeopathic colleges from assistance by that fund (the injustice of which is only equal to the puerility of its conduct in the inspection and reporting of the various conditions which its semi-European eyes are unable to see correctly).

Fifth point: When it comes to appointments on state boards, hospitals, etc., our efforts are circumvented at every turn, and now it is proposed to establish a Secretary of Health which would be suicide for us to approve. (Good point, well taken.)

Sixth point: The destruction of any college would be only a matter of months if left to the National Association of Examining and Licensing Boards. (That is to say, if the Association were not afraid of the votes controlled by the college in question.)

In view of these facts, Dr. FitzPatrick made an eloquent plea for the support and preservation in homeopathic hands of the magnificent new hospital soon to be opened in Buffalo. To lose it would be a calamity. To checkmate the various moves of the enemy he proposes the following: First, **awake**. (Here the true Demosthenic spirit is shown); second, **organize**; third, **incorporate**; fourth, **get into ward politics**; fifth, **insist upon the high school standard**.

To our thinking, Dr. FitzPatrick has got at the gist of the matter. We are second to none in our regard for the best interests of the public, and in our esteem for the best methods of

medical education, but we submit that these things are not well promoted by "ways that are dark and tricks that are vain." We have ourselves read with our own eyes statements made over signatures by a certain inspection committee which we positively know are false, either by error or by intention; if by error they are asinine, and if by intention they are damnable.—C. M. in *The Clinique*.

SPECIFIC MEDICINES.

We frequently hear Professor Lloyd's remedies referred to as "Specific Tinctures." Protest has been made against this practice more than once and by more than one protestant, yet the practice still lingers in some quarters. We do not profess to be intimately informed as to the mode of preparation of these agents, but we once visited the Lloyd laboratory in Cincinnati, and upon that occasion were impressed with the fact that in many instances the methods pursued were not those followed in the making of tinctures.

Doubtless some of the drugs labeled "Specific Medicine" are really tinctures, but the uninformed would be as liable to designate a Lloyd fluid preparation as a "tincture" that was not a tincture in the strict meaning of the term as one that was. We infer that only a small number of the fluid preparations sold as specific medicines are really tinctures. Fortunately for us, Professor Lloyd employs methods which enable him to furnish us with many fluid preparations which are far superior to tinctures in uniformity and reliability. He appears to never be satisfied with anything but the best, and many remedies do not furnish good tinctures, while by scientific manipulation they do furnish the very reliable preparations known as specific medicines.

Once upon a time a certain drug house in Cincinnati did prepare a line of specific tinctures, and possibly still does so; but these preparations are not in the general market, and are not furnished by Lloyd Brothers. For the sake of unanimity, and perhaps for other reasons, all the specific medicines are included under one general term—specific medicines. Podophyllin, podophyllin trit., sodium phosphate and sodium sulphite are all included under the one term in the Lloyd list, yet they are not tinctures nor even fluid preparations. The term is used as a synonym of uniformity of strength and reliability, and signifies specificity in more ways than one.

To refer to specific medicines as "specific tinctures" is like calling a horse a mule, in many instances. A fluid preparation labeled "Specific Medicine" might happen to be a tincture, but

nine times out of ten it is liable to be something else. In order to be safe, then, it is always best, when referring to specific medicines to call them by their safe name, the name Professor Lloyd gives them—"Specific Medicines."

From our observation, at long distance range, it seems to us that Professor Lloyd makes a specialty of every one of his specific medicines. He manipulates it in the most careful and appropriate manner possible, in order to extract its medicinal property to the best advantage without hazarding the delicate therapeutic qualities of the crude drug. A tincture is an alcoholic preparation from a crude product; but many plants do not yield their medicinal qualities to alcohol as well as to some menstruum, and in such cases we infer that tincturing is not resorted to in the Lloyd laboratory. In such cases it is probable that some peculiar process is applied which will afford the most reliable fluid preparation possible by other means. Each one, then, after its own peculiar method, is elaborated, and thus specifically prepared, is termed a specific medicine.—Webster in E. M. J.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held at the new home of Dr. A. P. Baird. The Doctor had prepared an excellent menu, for dinner, which was most heartily enjoyed by all present. Doubtless the fact that the dinner was very largely the result of his own labor made it more interesting as well as unique. There was a good attendance present and the fellow who stayed at home will never know what he missed.

After dinner Professor Baird took a "seven minutes exposure flash light picture" of the party.

The paper of the evening, "Professor Willard's address to his class" read by J. Fraser Barbrick, was very favorably received and it is hoped that the article may be published in the Journal.

Dr. Munk talked for the good of the order.

Dr. Baird also furnished an interesting clinic called "Hunting Breeches."

After voting Dr. Baird a royal host, a vote of thanks was also given to the Doetor and adjournment was taken with a promise of return.

W. J. LAWRENCE, Secy., pro tem.

To the Members of Our State Society:

At our last annual meeting held in San Francisco, May 23 to 25, 1911, our society voted unanimously to affiliate with the National Medical Association. Now there are several things regarding this affiliation that some of our members do not seem to grasp. The affiliation of the various state societies with the National, is being done with the object of increasing the membership of the National and of bringing every Eclectic throughout the country into closer touch with the Parent Society and thus having him become a working unit for the good of the cause of Eclecticism in general, so every member of our State Society is also expected to be a member of the National.

As an inducement the National has placed the dues for each member at \$2.00 a year. This fee also entitles the member to the four issues of the National Publication, the Quarterly, which contains all the papers, discussions and transactions of the annual meeting, besides original articles from time to time and news notes, etc.

Under the skillful management of the editor, Dr. Mundy, the Quarterly is acknowledged by every one to be the strongest, ablest journal of Eclecticism that is published today and is well worth to any physician double the annual dues of \$2.00.

Now, if those members of our State Society who are not members of the National will kindly remit the dues of \$2.00, your secretary will be only too glad to forward application blanks and secure your certificates of membership, also if those members of our State Society who are now members of the National, but in arrears for dues, will remit the same to me, it will be a big help, as I will shortly have to send a complete report to the National Secretary.

Of course, while California has not the number of Eclectics

that New York, Ohio, or several of the other states have, still if every one will do his or her part, there is no reason why we should not soon put our state at the head of the list in proportion to her numerical strength.

Now, another point: All dues, both to the State and National Societies are to be paid direct to your State Secretary, not to the State Treasurer, nor to any of the officers of the National, as this is the only way in which a correct system of accounts can be accomplished. I would like all members of both the State and National Societies who have never received their certificates of membership in either or both societies, to please notify me and I will see that you get them. If there is any kick coming, or any information wanted, don't hesitate, but correspond with your secretary, as that is part of the business of being secretary.

We are only too glad at all times to correspond and note changes of addresses and keep in closer touch with our members.

Yours for a strong state organization,

H. FORD SCUDDER, Sec'y.

Redlands, Cal., Sept. 15, 1911.

WASHINGTON ECLECTIC MEDICAL ASSOCIATION.

The Twenty-first Annual Meeting of the Eclectic Medical Association of the State of Washington, was held August 22nd, 1911, in the parlors of Dr. J. H. McDonald's private hospital at Puyallup.

The morning session was devoted to business of the Society, and to clinics presented by members.

The officers of the preceding year were re-elected: viz.:

President, Dr. Thomas J. Piersol, Tacoma; Vice President, Dr. R. O. Ball, Tacoma; Secretary, Dr. N. M. Cook, Seattle; Treasurer, Dr. I. V. Cole, Seattle; Board of Censors, Dr. Frank Brooks, Seattle; Dr. G. W. Overmeyer, Raymond; Dr. J. V. Steel, Waitsburg.

Further clinics, and the reading and discussion of papers consumed the afternoon.

Subjects covered were: "Eight Years' Experience in a Hospital," Dr. Overmeyer; "Specific Diagnosis and Specific Treatment," Dr. Steel; "A Plea for the Genito-Urinary," Dr. Cole; "Courage on the Part of the General Practitioner, to Depart from Fixed Rules in Medicine and Surgery," Dr. Piersol; "Points in Practice," Dr. Brooks; "The A. M. A. vs. Homeopathic and Eclectic Physicians," Dr. Ball; "Goiter," Dr. Cook.

The next meeting will be held in Tacoma, in August, 1912. A vote of thanks was then tendered by the Association to Dr. and Mrs. McDonald for their cordial entertainment.

DR. N. M. COOK, Secretary.

358 Arcade Annex, Seattle.

COLEGE NOTES AND ITEMS.

J. Fraser Barbrick, M.D., Los Angeles, Cal.

PROFESSOR BAIRD TO RESUME LECTURES: It is with great pleasure we are able to announce the resumption of his teaching and lecture work at the college on the Principles and Practice of Medicine by Professor A. P. Baird. His year of "leave of absence" is up, and we are glad of it. The Doctor felt for a time that he was called to other fields of labor but we never agreed with him, and we are pleased that in this instance we are right. There is only one field of labor for Professor Baird; that is the Practice of Medicine right here in Los Angeles, and the teaching of it at the C. E. M. C. which he loves as a mother loves her babe. Having listened to the best representatives of the teaching forces of the Colleges and Hospitals of Cincinnati, Ohio, Atlanta, Ga., New York City and Boston, Mass., both Eclectic and Allopathic, I feel competent to say that Dr. Baird is today one of the ablest teachers of medicine in this country. And all who know him will bear me out when I say that no more enthusiastic expounder or forcible expounder of Eclecticism today lives. Students receiving instruction from Prof. Baird in this greatest of all the fundamental branches of medicine, will only realize their good fortune when they get into actual practice, and up against the problems and perplexities of their every day work. Congratulations all around are in order.

PROFESSOR HUBBARD'S SURGERY COMPLETE IN ONE VOLUME: The advantages of Professor Hubbard's book will be better appreciated when it is known that in one compact volume he has published an exhaustive and complete work on Surgery covering the whole field of operative Surgery as well as the Principles and Practice of Surgery, containing in addition many distinctive and Eclectic features as to treatment along Specific lines, etc. The low price of six dollars will, we feel sure, appeal to all, and should give the work a large sale, as the majority of us will be glad to get a work of such extent and character in so compact a form and at such a reasonable price.

THE COLLEGE LIBRARY: College Librarian Sprehn

has just finished unpacking, classifying and appropriately arranging the Dr. Crawford library which was donated to the college last spring. This valuable addition of between four hundred and five hundred volumes, all of which are in splendid condition, and many of which are late editions, gives the college a reference library we are very proud of, and which both students and Professors will find of inestimable value. We have room for many such donations, and be they large or small any and all will be thankfully received and greatly appreciated.

CONGRATULATIONS TO COXIE '13: He's gone and done it. Graduated from bachelorhood into matrimony at one fell swoop, with malice aforethought, etc., and so on, having as an accessory before and after the fact Miss Stevenson, a graduate of Westlake Hospital Training school for nurses, a lovely lady, who will be to him we feel sure not only the better half, but a most efficient helpmeet at all times. "May success and happiness ever be their portion as long as life doth last," is the wish that goes out to them from C. E. M. C., the faculty, and student body. They are both of "the salt of the earth".

THE FACULTY MEETING: Held Tuesday evening, Sept. 12th, was well attended and lively. The work of the session of '11 and '12 was outlined, plans for increased clinical facilities discussed, and entertainment and publicity features considered. Harmony was the key note; the motto, "if you can't boost, don't knock"; and it was agreed that every member of the teaching staff put his or her shoulder to the wheel and work for all they are worth to make this the three B year, Biggest, and Best, or Bust. The Dean with many good suggestions and much excellent advice started the enthusiasm.

THE COLLEGE OPENING: Under the most auspicious conditions since its removal to Los Angeles the C. E. M. C., began its 33rd annual session Monday, Sept. 18th. at 10 A. M., with a large attendance of Faculty, Students and friends in the College Assembly Hall.

The Dean's address was most optimistic, and one of the best of his many good ones. He pointed out the advantages of the small college over the large unwieldy university schools. In the small college comparatively personal instruction is given, the students are in closer touch with the teachers, the poor boy has an equal chance with the rich; and the debaucheries which are the shame and disgrace of our large universities and the destruction of the moral, mental and physical health of hundreds of their students are all absent in the small college.

He stated that many applications for matriculation were coming in and expected a large increase over last year's attendance, and in his opinion a Renaissance of Eclecticism was sweeping over the country from coast to coast.

Professor Baird addressed the meeting on behalf of the faculty. Exhorted the students to be diligent and attentive, and encouraged them to have high aims, ambitions and principles. Told them of the wonderful weapon against illness they would possess when they understood Specific Medication and the great influence for good they would have in their respective communities as Eclectic Physicians.

Professor Hubbard spoke of the earnestness of all the Professors and their endeavors to do their full duty and of the high aim of the faculty to make the teaching force of this college second to none in the country.

The rest of the session was given up to the arranging of lecture schedules and organizing the class work for the coming year, and lectures began promptly at 8 o'clock Tuesday morning, Sept. 19th.

NEWS ITEMS.

Dr. Ford Scudder, Redlands, has returned from his summer's vacation which he spent at Coronado Beach.

Dr. E. R. Harvey, Long Beach, is away on a vacation. He has gone to Ohio to visit relatives.

Dr. B. W. Scheurer, Long Beach, has closed his office and will take a much needed vacation. The most of the time will be spent touring in his new automobile.

Dr. J. F. Willard writes from his mines in Colorado that he expects to be in Los Angeles by October first to resume his lectures at the College.

Dr. Wm. Soenneken, Nyack, N. Y., sends his dollar to the Journal with the message that he will arrive in Los Angeles during November or December to spend the winter.

Dr. L. H. Freedman, Crowell, Texas, wants a man to take his place. The doctor says it is a good location and he will give his successor a two months' introduction. He sends his subscription to the Journal.

Dr. J. Beechler, Soquel, sends his renewal to the Journal; asks that we send him a good doctor to take his practice, sanitarium for asthmatics, etc. The doctor has made a reputation and money in the treatment of asthma but now at the age of seventy-one feels that it is time to retire and take a little rest.

Dr. M. M. and C. A. Copeland write that they have recently located at Loraine, Texas, where they are doing well and like

the place. They inquire about a number of Los Angeles friends and add that they "must have their Journal".

Dr. C. D. R. Kirk, Shnqulak, Miss., sends his renewal to the Journal along with a short article entitled "Brain Fag," which will be published in the near future. We thank him for both the dollar and the article.

Dr. J. G. Tomkins, Oakland, in sending his renewal to the Journal mailed the same to Dr. Scudder our state secretary. Dr. Scudder sent it on with a note saying that he hated to let the money get away. Dr. Scudder is making such an effort for the State Society and trying so hard to rake in the dollars that we don't want any risk again in losing our legitimate funds.

Recently we had a letter returned to us which we had sent to Dr. B. N. Childs, San Bruno. Where is Dr. Childs?

Dr. J. M. Billman, Sullivan, Indiana, was a September caller at the College and subscriber for the Journal.

G. H. Hyland, Los Angeles, subscribes for the Journal although not a doctor. He is the proprietor of the Homeopathic Pharmacy in this city.

Dr. F. E. Reynolds, Oakland, a graduate of the C. E. M. C., '09, gave his subscription to Dr. Munk when Dr. M. saw him in San Francisco last month.

We have received a number of renewals to the Journal this month—Dr. F. Leix, Sonoma; Dr. R. L. Burcham, Los Angeles; Dr. O. Davis, Sawtelle; Dr. J. F. Gibbon, San Francisco; Dr. T. D. Hall, Oakland; Dr. W. A. Lavery, Sierra City; Dr. A. A. Guglieri, San Francisco; Dr. E. C. Pace, Osawatomie, Kansas; Dr. W. W. Maple, Des Moines, Iowa; and Dr. E. F. West, San Francisco.

ANNOUNCEMENTS.

PRACTICAL SURGERY, by B. Roswell Hubbard, M. D., Professor of Surgery in the California Eclectic Medical College, Los Angeles, Cal., Member of the State and National Eclectic Medical Associations. Ready for delivery. Octavo of about 1300 pages, with numerous illustrations, some original and others selected from various sources with a view of making plain the subject matter. Neatly bound in cloth, \$6.00. The Segno-gram Press, 600-603 Ferguson Bldg., Los Angeles, Cal.

Note.—It was the author's intention, at first, to publish a volume of about eight hundred and fifty pages that would sell for five dollars, but the addition of about four hundred pages to the work, making a thirteen hundred page book is now

offered the profession that will be sold at six dollars, postage paid to any part of the United States.

The extra subject matter added makes the book invaluable to both student and practitioner. THE AUTHOR.

HELPING A CHILD THROUGH SCHOOL.

Close application to school duties frequently lowers the health of a child and makes it an easy prey to prevalent winter infections. These may be largely avoided if the child be built up to the point where the normal powers of resistance will protect it from those diseases to which a weakened organism easily succumbs.

For this purpose nothing is the peer of Cordial of the Extract of Cod Liver Oil Compound (Hagee). Containing the active principles of cod liver oil, supplemented by the addition of the hypophosphites of sodium and calcium, it is a tissue food of the highest order and lends to the little student its contained nutritious elements. Given systematically to those children in need of such an agent, it will be found of decided advantage in helping them through school.

THE PECULIAR TONIC AND RESTORATIVE PROPERTIES OF SANMETTO.

The peculiar tonic and restorative properties of sanmetto in cases of extreme nerve exhaustion, notably when its origin is in the sexual sphere, have been demonstrated by us in the treatment of a large number of patients with varied forms of sexual disease. Continued a sufficient time, we have seen the lost energies return in the ancient rone and the neophyte alike. That with this remedy a class of patients are relieved and cured who have run the gauntlet of the quacks of all degrees there can be no doubt. We most sincerely commend sanmetto to the regular profession as a means of relieving an unfortunate class of patients, and at the same time reseuing them from the grasp of the soulless, and quacks who fatten at the expense of their unfortunate condition. DRS. PURDY & JORDAN.

Wichita, Kan.

THE ALLEVIATION OF HYSTERICAL ATTACKS.

The physician who has moderated an hysterical attack has done his unfortunate patient and her family a service they will not soon forget, especially if he has employed a safe agent—one which will not fasten on the woman a vicious habit. *Passiflora Inearnata* (Daniel's Concentrated Tincture), or as it is now

known to the profession, PASADYNE (a name adopted for convenience and to prevent substitution) has earned a splendid reputation as a calmative of much service in hysteria. It possesses the every therapeutic property of chloral and the bromides, and has the added advantage of being entirely free from the dangers that attach to the use of these drugs. PASADYNE'S continued employment will not impair the gastric function, nor will it interfere with any of the other vital processes. The most gratifying results may be expected from it in hysteria and allied conditions. A request for sample bottle coming from any reputable medical man will be honored by the Laboratory of John B. Daniel, Atlanta, Ga.

COTTON SEED OIL IN STRUMOUS STATES.

Of late years cotton seed oil, in the form of NUTROMUL, an emulsion containing a high percentage of the oil, has been extensively used in strumous states with most gratifying results. It possesses a higher food value than cod liver oil, and, as a rule, results from its administration are more prompt. NUTROMUL (Brown's Cotton Seed Oil Emulsion) is increased in efficiency by the addition of the hypophosphites of lime, soda and manganese, and without question, one of the greatest reconstructives now at the profession's command. NUTROMUL is an ethical product and merits every physician's consideration. It is palatable and may be continued over long periods of time without provoking a disinclination for it. This last feature adds no little to its therapeutic efficiency, for agents of this character are frequently needed in women and children. The Nottoc Laboratory, Atlanta, Georgia, will gladly furnish samples to members of the medical profession.

THE LATE DR. FRANK P. FOSTER, OF NEW YORK CITY.

In his "Reference Book of Practical Therapeutics," compiled by our old friend, the late Frank P. Foster, A. M., M. D., we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgesic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart. As an antipyretic they act rather more slowly than antipyrine, but efficiently."

We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after-effects of this most excellent remedy and we feel that the statement applies not only to Antikamnia Tablets, but also to Antikamnia and Codeine Tablets.

The California Eclectic Medical Journal

Vol. IV

NOVEMBER, 1911.

NO. 11

Original Contributions

OPENING ADDRESS TO THE STUDENTS OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE—SESSION OF 1910-11, BY J. F. WILLARD, M. D.

Professor of Specific Medication and Diagnosis.

By request of Dr. Barbrick and by permission of Prof. Willard. Read before the Los Angeles County Eclectic Medical Society, Sept. 5th 1911.

Explanatory, Dr. Barbrick:—Ladies and Gentlemen, members of the Los Angeles County Society and visiting friends, the following opening address of Professor Willard aroused so much enthusiasm among the students, I thought it would be well worth repeating it to graduates and practitioners. First, because it has the true Eclectic ring, and we can not have too much Eclectic enthusiasm if we are true to our colors, and such addresses are too few and far between. Second, it is valuable from a scientific and historical standpoint; and third, it shows not only the Eclectic character of the instruction our college is giving, but also shows the Eclectic character of the men giving that instruction, and how true they are to the principles and tenets of the system of Medicine this college teaches. The address follows:

Young ladies and gentlemen, students of medicine:—

Anticipating your pardon for many short-comings we will take up today the study of Eclectic Medicine, Specific Medication and Diagnosis, at the C. E. M. C., the only Eclectic Medical College on the Pacific Coast or west of the Rockies.

This part of the education of Medical Doctors is the part that distinguishes them as belonging to one or other of the different schools of medicine in this country; and as Eclectics, we think it is the guiding hand that many times makes for the success or failure of the physician, in the practice of his chosen profession.

It is not necessary at this time to say much regarding the various theories of the healing art, or the differences in thera-

peutics of the different schools of the past or present, except as a matter of comparison. But the study of the science of Eclectic Medicine, Direct or Specific Medication, will, we hope, be so thoroughly taught and ground in that it will forever stay with you. And if you thoroughly grasp and comprehend this subject, you will neither need, nor want, any other system of therapeutics.

Truly it is an interesting and pleasant study, as well as a most successful and fascinating treatment of the sick. Free from the unpleasant effects of the Medication of earlier days, when all ills were supposed by the superstitious peoples to be the work of evil spirits, it is also free from the barbarous practice of venesection, and the abuse of strong drugs. By the methods of practice of less than a hundred years ago large and poisonous doses of powerful mineral remedies were frequently administered to kill the evil spirits, often killing the patient instead, and always working to his eternal detriment, and to the disgust and damnation of the physician administering them.

Then came Eclectic Medicine; and under this truly American system of treating the sick those methods were changed, and we are, and may well be proud of the work and achievements of the Fathers who brought about those changes and gave us Eclecticism. Defying both persecution and prosecution, they fought and worked until they established and made permanent such a rational and successful system of treatment and care of the sick, that when we compare it with the irrational, unpleasant, unsatisfactory, and dangerous methods of practice then in vogue, we are lost in wonder and admiration; and from the days of Wooster Beach to the present time, there has been a continued increase and spread of enthusiasm over the results and accomplishments of those early workers. Those brainy men of deep thought and broad ideas, the progressives and medical insurgents of their times, gathered information as well as remedies from the fields and forests; the highways and byways; the hedges and ditches. They delved in Nature's universal laboratories, and from them rended secrets and knowledge, which, when applied intelligently, rationally, and naturally, gave such results that a new line of practical thought in medicine was opened, and the foundation of the greatest system of Modern Medicine and Therapeutics was laid. Their success was an incentive for continued study and greater efforts, and a new world in medicine, as it were, was discovered; and such a successful system of treatment was developed and offered to the sick, that soon that hoary headed monster of evil spirits and harsh medication was compelled not only to

take notice, but to greatly modify his methods of practice. And today, while he floats the same banner of "contrarii contrarius", he has laid aside the greater part of his harshness, put on the coat of the lamb, and crying out in plaintive tone, "we are as Eclectic as you and Specific Medication has always been ours," thinks he has clipped our claws and is trying to lie down with the Lion.

Students at the California Eclectic Medical College, allow me to say that you have no cause for alarm as to the outcome of your life's work if you are diligent in preparing and perfecting yourselves in Eclectic Medicine. The field open to Eclectic physicians is broad, and the demand increasing. Eclectic practitioners are received with an extended hand, and a hearty welcome, wherever they locate, and the world can never have an over supply. The success which crowns the efforts of every true Eclectic, is the cause of the enthusiasm which precedes him and the welcome which awaits him; and there is not a village or town in this broad land, but has room for one or more Eclectic physicians, regardless of the number of Doctors of other schools which may be there. But I insist you must be Eclectic and Simon pure at that. Be a warm Eclectic? No! Be hot, or nothing. And if you are a true Eclectic, perfected as you should be, and will be before you leave this school, to the other doctors who say there is nothing in medicine, you can, with both authority and confidence reply, "My dear doctors you surely know very little about the rational application of medicine, or the medical treatment of the sick. Come let me show you!"

The Materia Medica of the Eclectic is unlimited, and with Specific Diagnosis, Specific Medicines, and Specific Indications at your command, the practice of medicine is no longer an art but a science which defies successful contradiction. Should one ask what is Eclectic Medicine? You would reply, "It is the scientific application of Direct Medication, based on the scientific knowledge of Specific Diagnosis and Specific Indications, for the relief of a pathological condition, the symptoms of which are the landmarks or guide posts for Specific Medication." Furthermore it is American and was not borrowed from any other school or pathy, but is the work of a hundred years and the result of the efforts of the brainiest men in the land, among whom we hold in fond recollection the images of King, Scudder, Locke, Howe, Freeman, Jeancon and Lloyd, all of whom are inseparable from Eclectic Medicine, Specific Medication and Diagnosis, and whose names I am proud to say adorn the parchment which hangs upon my wall. Those were the men of the older generation who championed Eclectic Medicine; but

no less illustrious are the men of today, chief among whom are Munk, Webster, Fearn, Baird, Hubbard and Welbourn of this institution who are constantly adding to the fame and influence of Eclecticism not only on the Pacific Coast but throughout the land.

All schools of Medical teaching are in the elementary branches and many other respects similar. We differ from all other schools in the only vital part, the "Science of Cure." It has been said of the Homeopath that he does the best he can with his little pills; of the Allopath that he does nothing but wait for something to happen, (and something too frequently happens!) and of the Eclectic, that while the others are waiting or doing the best they can, he steps in and cures.

The highest standard of Nature's art is the perfect reproduction of its own; and the standard of perfection is the highest mark she can attain. The standard of physiological or perfect health, is the guide or standard of Eclectic medical comparison. Any deviation from this standard we call disease, pathology, imperfection. It is a common law of nature that like causes produce like effects, and if we have a standard of health—physiology—by it we may measure the deviation—pathology; and whether it be of one part or another, by the phenomena which result from this pathology or deviation, compared with the phenomena accompanying physiology or perfect health, we are able to determine a condition, or locate a trouble. These symptoms, or phenomena, specifically indicating the pathological condition, are the unmistakable finger boards and guide posts of the Eclectic physician, pointing to, and specifically indicating the "Remedy of Cure" with such certainty and so plainly that he who will may read. Specific Diagnosis then is the scientific application of the phenomena of, or symptoms caused by a pathological condition, the proper understanding of which indicates the remedy needed for its relief. Thus, it is not the purpose of Specific Diagnosis to name or describe a disease according to the nosology of the regulars in order to be able to treat it. It does not consider the name of any disease, and one need not know that the disease has been named Pneumonia, Measles, Bilious Fever, etc., in order to be successful in his treatment. But, he must know by symptoms, the condition or wrong and also know the indicated remedy. What Eclectic could be led astray in his treatment when his patient has flushed right cheek, sharp stroke of pulse, and increase of temperature; complains of sharp pain made worse by moving; frontal headache especially about right orbit; cough, with sharp pain as in pleurisy; sharp pain the result of inflammation of serous membranes as in Peritonitis? What Eclectic

would give an opiate for the relief of such conditions and then go home and wait for something to happen, which is often a wooden overcoat for the patient?

The study of Specific Diagnosis contemplates the drawing of information from every possible source; the cultivation and education of the different senses by which a disease may be detected; and a knowledge of a remedy which we know to be specifically indicated for the relief of that disease. It contemplates the study on the one hand of the symptoms and phenomena of a pathological wrong, and on the other, the action of the indicated remedy opposed to that wrong.

Should the different diseases show in each case an exact set of symptoms, the naming of the disease would perfectly name the treatment. Unfortunately, this is not the case. As in no two patients suffering with pneumonia, typhoid fever, or measles, will the full syndrome of symptoms be identical. And often an indicated remedy for one patient will be contra-indicated in another though both may be afflicted with the same named disease. Again, how often are the Specific indications of Gelsemium noted in each of the named diseases; and when so noted, how surely and quickly gives the relief desired. But to gain such results the Eclectic must be able to read Specific symptoms and indications correctly and readily. The different senses we employ must be highly cultivated and carefully trained to accurately interpret those symptoms and indications, and when such is the case how positive is the treatment and remarkable its results. But to develop a mastery of Specific Diagnosis and Specific Indications requires great diligence, much patience and perseverance, and careful clinical and didactic training that can only be given you at an Eclectic institution by an experienced Eclectic physician. The eye might be able to paint the delicate tints of the rainbow, yet not be able to note the difference between the indications for Sulphite of Soda and Chlorate of Potash.

You may be asked, what is a specific remedy? The enzyme or vital reaction, created, multiplied, or stimulated by a remedy which has an affinity for, or direct or special action upon an organ or part, may be called Specific to that organ or part. The action of some of these remedies is gradual and suggestive of a Physiological influence, while there are others which act so rapidly that it might be said a chemical action or rather reaction took place. A remedy being a specific to a part, and a wrong of a part being relieved by that remedy, the remedy is said to be a specific remedy, and to be specifically indicated for that wrong or disease. This being the case Specific Medication then is not Empiricism but almost an absolute

science; for the Eclectic, being able to read the expression of a wrong of life in a part, by the symptoms which accompany, and knowing a remedy which will relieve the conditions causing those symptoms, is with comparatively scientific certainty, able to control those symptoms and their underlying causes. The proper interpreting of the symptoms and phenomena of a wrong we call "Specific Diagnosis"; the remedy which will relieve the wrong is the "indicated remedy"; the correct application of the treatment "Direct" or "Specific Medication". And it is the thorough knowledge and harmonious understanding of these three subjects that is absolutely essential to the creation of the true Eclectic Physician, and absolutely necessary for his success.

BLOOD PRESSURE AS A FACTOR IN DIAGNOSIS.

O. Newton, M. D., Long Beach.

Read before the Los Angeles County Eclectic Medical Society.

Much has been said in recent years, and much is said at the present time concerning blood pressure as a factor in diagnosis. While the results obtained by the various kinds of instruments in use for determining blood pressure cannot rival in accuracy the information obtained by the physiologist by laboratory methods, yet this procedure has a distinct practical value. Thus we find that in certain diseased or pathological conditions, high blood pressure to be an almost pathognomonic symptom; notably—interstitial nephritis.

Blood pressure as spoken of here is determined by ascertaining the amount of force exerted upon an artery, "usually the Brachial," which is necessary to prevent the transmission of the pulse wave to the periphery. This is recorded in cubic millimeters in a column of mercury by the various kinds of instruments in use, the mechanism of which I will not here attempt to explain. Owing to the fact that the pressure of the blood in health is influenced widely by a number of factors, it is extremely difficult to assign a figure for the average blood pressure. But it is generally regarded by most authorities that a blood pressure below 120 and above 160 millimeters of mercury when the patient is at rest to be pathological.

Blood pressure in health is influenced by the position of the body. The pressure is higher in the erect than in the sitting posture and lowest when the individual is lying down. But in states of debility and fatigue, the pressure falls when the patient assumes the erect posture, thus explaining the tendency to syncope under these conditions. Exercise, rest, time of day, taking of food and emotional excitement all influence blood

pressure. Age, sex and heredity are predisposing factors in the production of high arterial tension.

The diseases accompanied by high blood pressure are more common in middle and advanced age than in youth. Men, because they are more exposed by their occupation, are more subject to high arterial tension than women. In the aged the reading is usually above the average, which is accounted for by the physiological arteriosclerosis, and the tendency to emphysema and fibroid changes in the respiratory apparatus.

There are three main factors which contribute to high arterial tension. They are increased peripheral resistance, increase in the strength of the heart and an increase in the volume of blood. We find that in renal diseases the waste products being imperfectly eliminated so alter the blood which, acting upon the capillary walls, keeps them in a constant state of contraction, thus increasing the peripheral resistance. Deficient oxygenation of the tissues as in emphysema and certain other affections of the respiratory apparatus produces the same effect. Plethora and hypertrophy of the cardiac muscle bring about the same result each in its own way. Gout, lead poisoning, diabetes in old persons, anemia, bronchitis and pregnancy are all usually associated with high arterial tension. In pregnancy the high tension is brought about by an increase in the volume of blood rather than deficient elimination of effete matter. In persons presenting signs of angina pectoris associated with high tension, even though the signs are not typical, the fear of a true angina is justified. On the other hand, if a low tension persists, especially during the painful crises, it is almost certain that the affection is a false angina. Blood pressure is diminished in nearly all valvular diseases of the heart with exception of mitral stenosis, in which the increase in pressure may be explained by the hypertrophy of the right ventricle. Aortic insufficiency is said to be the typical lesion of low arterial tension. Low tension like the opposite condition may be a family peculiarity. Fat persons are apt to have a low tension pulse, and it may occur in any person temporarily under external warmth and moisture, such as a hot bath or after taking hot drinks or under the influence of depressing emotions, and after diarrhoea or copious urination.

There is no direct relation between temperature and blood pressure. In the sthenic fevers with full bounding pulse and excessive heart action, the blood pressure is usually high. But in typhoid fever the diminished tension persists throughout the course of the disease. Blood pressure is always low in pulchritudo with exception of mitral stenosis, in which the increase in this disease, some other cause will be found to account for the

condition. In conditions associated with increased intracranial pressure or with vasomotor spasm, such as cerebral hemorrhage, migraine and in certain neuro-vascular diseases, there is constant high arterial tension. In these cases the blood pressure may give some index of therapeutic value or in a surgical case determine the propriety of an operative procedure.

REMEDIES INDICATED IN TUBERCULOSIS.

M. A. Cooper, M. D., Leakey, Texas.

Read Before the Texas Eclectic Medical Society.

In writing a paper on the above subject I shall not undertake to mention all the remedies used in treating tuberculosis, but only those that I have found by experience to be beneficial.

Also it is well to state that medicines do not play as important a part in the treatment of this disease as in others; but when properly used will help out a great deal. In fact, I would not undertake to treat a single case of tuberculosis without the use of some medicines.

In order to restore to health one afflicted with tuberculosis three things are necessary: To improve nutrition; to eliminate from the blood and lungs morbid material, and to reproduce good blood and healthy lung tissue instead of diseased.

To improve nutrition, nux vomica, hydrastis, podophyllin, cascara, sodium bicarbonate, sodium chloride and saline laxative are used. Nux Vomica is indicated by a broad pallid tongue and lack of appetite. Hydrastis used in the form of Glycyrrhiza is generally combined with the nux in the above condition. Podophyllin is indicated by full coated tongue and dizziness. Cascara where constipation is present. Sodium Bicarbonate is indicated in nearly all cases by pale tongue and mucous membranes showing decreased alkalinity of blood. Sodium Chloride is indicated by white grayish greasy coated tongue and heavy feeling in the stomach after eating. It has a marked effect when indicated. Saline laxative should be given every evening to flush out the stomach and bowels and put them in good shape for the reception of the day's food.

The remedies indicated to eliminate morbid material are Veratrum, Bryonia, Chionanthus, Echinaea or Echinafolia and Sodium Sulphite. Veratrum is indicated in most advanced cases by full bounding pulse, and elevation of temperature. Bryonia is indicated by pleuritic pains and for its alterative action on the lung tissue. Chionanthus is needed when the eyes are yellow and the skin has a yellow-greenish cast.

Most all cases of tuberculosis have considerable blood depravity and in these cases Echinafolia and Sodium Sulphite are

the indicated remedies. Echinacea where the tongue has a dark coat and the tissues are dusky in appearance. Sodium Sulphate with full pale tongue, heavily coated white.

To reproduce good blood and healthy lung tissue the remedies needed are Fowlers Solution Arsenic, Nuclein and Tuberculin. Fowlers Solution Arsenic is indicated by muddy relaxed tissues and acts by stimulating increased generation of haemoglobin and therefore better oxygenation. Nuclein acts by stimulating increased formation of both red and white blood corpuscles not only increasing oxygenation, but strengthening the defensive powers of the body. Tuberculin stimulates increased formation of eosinophile corpuscles and anti-bodies thereby greatly increasing the defensive powers of the body and in this way assist in overcoming the disease.

There are a great many other remedies used but as I have not employed them in my practice I do not feel justified in mentioning them but leave that for others who have used them.

Again allow me to emphasize the fact that in order to relieve and restore to health those afflicted with tuberculosis too much dependence should not be put in medicines alone but, the proper combination of these with outdoor life, rest and exercise properly regulated hydrotherapy and above all a well regulated diet consisting of certain amounts of proteids, fats and carbohydrates adapted to each individual case.

CERTAINTY IN THERAPEUTICS—PNEUMONIA.

John Fearn, M. D., Oakland, Cal.

What a word that is, certainty; the more we can eliminate uncertainty in therapeutics, the sooner will the practice of medicine come to be a credit instead of a reproach.

A great allopathic authority in speaking of pneumonia says: "We have no specific treatment for the disease. In cases of moderate severity, a purely expectant plan may be pursued." He admits that the death rate in this disease is from twenty to forty per cent. We agree with him we have no specific treatment for the disease, but we are fain to ask if the mild cases are treated on the expectant plan, on what plan shall the very serious cases be treated. We may add, physicians outside their own school would be appalled if they should have such a death rate in treating pneumonia. What is needed is definiteness and certainty in therapeutics in the treatment of disease. We should not prescribe at names; that has been too much the case in the past, and it has filled our graveyards and brought discredit on our practice. Here we may put the question, Have we any specifics for this disease? No, a thousand times no. But

for the pathologic conditions we meet with in pneumonia we have specific remedies, that will act with certainty, changing those conditions from abnormal to normal conditions. And they will do this without danger to the patient, but with success. Is the temperature high? By remedies internal and external it must be lowered. Are the lungs filling up, so that the blood through their medium cannot be aerated, breathing is labored and painful coma is setting in—can we do anything in such a case? We answer, if vitality has not been lowered we most certainly can. Take a case from my own file. A rancher was brought in from the Sacramento valley. It was night when he arrived; he was put in a lodging house, surroundings not good, temperature was above normal, breathing was short and difficult, the lungs were filling up, lips cyanosed. Altogether it was a most unpromising case. What shall be done here? He was put to bed and given a warm sponge bath. One of the most important things we can do is to take equal parts of vaseline and libradol, mix well and apply over the surface of trouble, then cover with hot cloths, cover warm in bed. For medicine give small doses of sedatives and expectorants. Give him hot liquid food, if the stomach will take it, also hot drinks, NO WHISKEY. I left the patient, feeling I had done all I could for a bad case. The next morning I called early on the patient, and found a great change for the better. Breathing easier, temperature lower, circulation better. He was much improved. My attention was called to a grain sack which was covered with a thick gluey expectoration which he had raised during the night. Here, then, was the cause of the great change. Let us take another look at the patient. We feel assured without quick help that man would soon have been dead. What was the chief pathologic wrong in this man's case? The basic lesion for all this trouble was congestion of the lungs. That congestion was at the bottom of the whole trouble. That was the basic lesion and to remove that was to remove the whole difficulty.

In a practice of many years I have never seen these therapeutic measures fail in a case of uncomplicated pneumonia. In prescribing as above I feel as sure of success in all curable cases of pneumonia as I feel sure that good food in proper amounts and properly prepared will relieve hunger. And if there be good digestion and assimilation, the body will be built up thereby.

In conclusion, there must be certainty in diagnosis. There must be certainty in getting the right indicated remedy. And there must be certainty in the quality of your medicine. Get the right remedy, then you will want very small doses of medi-

eine in treating this disease. I have seen very small doses of specific medicine Aconite, and specific medicine Ipecae, relieve pneumonia in short time. If we treat pneumonia in this way with the proper adjuncts of a good treatment, we shall find that it is no longer the terrible fatal disease it has been painted in some quarters.

There may be a place for mild tonics, laxatives, or intestinal flushings, but our treatment is neither depressent or depleting, and there is a constant care that the stomach be kept in such condition that nourishing food can be taken, digested, and assimilated, this place is neither large or very prominent.

**LOBELIA HYPODERMICALLY IN SPINAL MENINGITIS,
IN CONGESTIVE DISORDERS, OVARIAN PAIN, IN
THE PUERPERIUM, IN CARCINOMA AND
NEPHRITIS.**

Finley Ellingwood, M. D., Editor of Ellingwood's Therapeutist, Chicago, Illinois.

(For a number of months past the author has collected, from his own constituency and through the assistance of Lloyd Brothers Company of Cincinnati, all the facts determined by the most recent observation concerning the action of Lobelia used hypodermically. From these reports he has prepared a complete article, which, because of its length, he has divided into ten parts and these he has distributed in the order named to the following journals for publication.

General Statements concerning its Introduction and its Use in Diphtheria, Croup and Tonsillitis; Eclectic Medical Review, New York, N. Y.

Its Use in Asthma, Bronchitis, Pneumonia, Tuberculosis and Coughs; National Quarterly, Forest, Ohio.

In Heart Troubles, Acute Failure, Angina and Hysteria; American Medical Journal of St. Louis, Mo.

In all Convulsive diseases, including Eclampsia, Epilepsy and Tetanus with Locomotor Ataxia and Brain Storms; Ellingwood's Therapeutist, Chicago, Ill.

In Gastric and Intestinal disorders; The Forum, Kansas City, Mo.

In Toxemias of all kinds, Asphyxia, Syncope, Heat Stroke, Cerebral Concussion, Apoplexy; Eclectic Medical Journal, Cincinnati, Ohio.

Spinal Meningitis, Congestive Disorders, Ovarian Pain, Rigid os, the Puerperium, etc; California Eclectic Medical Journal.

Full general remarks concerning the Physiological Action of Lloyd's Hypodermic Lobelia; Journal of Therapeutics and Dietetics, Boston, Mass.

A Reprint of the Laboratory Observations of Roberts Barthelow on Hydrobromate of Lobeline, made for Lloyd Brothers, in 1886; Medical Gleaner, Cincinnati, Ohio.

A General Summary of Observations and Suggestions; The Nebraska Medical Outlook, Kenesaw, Neb.).

Spinal Meningitis.

Dr. A. E. Collyer, November 22, 1909, used Hypodermic Lobelia in five cases of Epileptic Spinal Meningitis, and had complete recovery in every case. He gave only ten drops hypodermically every hour until the symptoms began to abate, then he gave the remedy twice a day. In four of the cases he was the only physician. In one case a child of three had died of the disease a day before, and this patient, the physician said, could not live. He drove thirty-seven miles to see it and found it in convulsions. He gave ten drops of lobelia hypodermically every thirty minutes. With the third dose he was resting quietly and the remedy being continued the patient was saved. In this case there was temporary paralysis of both legs. This subsided after a short time. The patient improved very rapidly in general health much beyond his usual condition.

Congestive Dysmenorrhea.

There is a train of symptoms present in Congestive Dysmenorrhea that should be relieved by this remedy, and I feel confident that when so used it will not prove disappointing. These are the usual evidences of congestion, chilliness, cold skin, perhaps cold perspiration, very cold extremities, perhaps spasmodic pains with cramps and feeble pulse, oppressed heart action, and slow, imperfect capillary circulation. Suggestions have been recently made from abroad, that the injection of a full dose of atrophine into the cervix or into the vault of the vagina will materially benefit such cases as these. I believe that lobelia injected anywhere, will accomplish the same results, but I should not hesitate to inject it within the vagina hypodermically beneath the mucous surfaces, or simply into the cervix itself. Anyone having an opportunity to use the remedy with these phenomena should report promptly, as I am convinced that it will meet this important condition in a more satisfactory manner than any other single remedy.

Dr. Jentzsch treated two cases of Congestive dysmenorrhea by hypodermic injections, but as he had given the usual medicine by the mouth he could not determine precisely what of the benefits were due to the Lobelia. He was satisfied, however, that the results were more satisfactory from the use of the injection than without.

Ovarian Pain.

In the case of Extreme Pain in the Ovaries not relieved by

morphine, Dr. Palmer injected into the rectum a pint of warm water which contained an ounce of specific lobelia. This relieved the pain very rapidly, and did not induce nausea.

Rigid Os.

Dr. Blumer used specific medicine Lobelia hypodermically when he had a case of rigid Os Uteri. He has so used it many times making it a point to cover the point of injection with absorbent cotton saturated with full strength echinacea.

Dr. Webb was consulted by an old school Doctor for a case of extreme rigidity of the os which was thick, doughy and unyielding. At his suggestion thirty drops of the specific medicine was given hypodermically, and the results were almost miraculous. The relaxation was abrupt and extremely satisfactory. These reports were made to the Eclectic Medical Review 1908.

Post Partum Hemorrhage.

Dr. Webb was called in to control post partum hemorrhage with another patient and gave a single dose of fifteen drops with perfect results.

“Dr. Blankmeyer was called to a case of post partum hemorrhage, and the condition was exceedingly serious. He gave a full syringe of non-alcoholic lobelia. In ten minutes the pulse was restored, the heart action was increased, and the condition of the patient was rapidly improved. He used external pressure over the womb and scooped out the entire contents with his hand, causing firm contraction but only used one injection.

Carcinoma.

Dr. G. Orville Morse, of Des Moines, Iowa, in treating Carcinoma combined lobelia with creosote and has used the two remedies together hypodermically. He has given over sixty injections, in some cases as often as once in twelve hours. In this report he does not tell us how he combines them, or how much he gives at a dose, but promises a further report.

Anuria.

Dr. Blumer treated a case of Anuria with three injections of hypodermic lobelia twenty-five minims each one half-hour apart. He does not go into detail as to results but says they were “splendid.”

It will be found of value in the treatment of Chronic Nephritis, especially in the latter stages when all the vital forces are greatly enfeebled. In acute cases with suppression as above it should be used. It will be found active in spasmodic urethral stricture.

No unpleasant results are observed from the action of the remedy consequently it can be tried without any risk in many cases of doubt.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A. M., M. D.
Editor

D. MACLEAN, M. D.
Associate Editor

P. M. WELBOURN, A. B., M. D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

STEALING OUR THUNDER!

In the political world, when the opposition is found to possess a really good plank, it seems to be good strategy to steal that plank, re-name it and use it as your own. Our esteemed colleague, the editor of the Journal of the A. M. A., has the reputation of being an astute politician. In regard to Eclecticism his position has been, "Can any good come out of Nazareth?" and yet, in the issue of September 30th, pages 1133-4, there is an editorial that purports to contain brand new original work, but which, as a matter of fact, is just a rehash of certain venerated Eclectic principles. He is welcome to use the so-called discovery, but in literature it is considered good form to give credit where credit is due.

BE ON TIME.

Of the many admirable inventions of this mechanical age, perhaps none is more useful than the watch. For by it we always have available the exact hour and minute and many acts become easy which were otherwise impossible. We go to take a train for a distant part and, knowing the time of its departure, we arrive on time, for everybody knows a train

will not wait. On the other hand, we arrange to meet a friend or make a business engagement, knowing that one or the other will probably be late. Sometimes both are late because one feels that the other will be late, and therefore both plan to save time by being behind time. It seems to be a very difficult matter for the majority of people to train themselves into the habit of being on time and thus save time. Possibly this is because until recently time was of very little value. It took a week to accomplish what is now done in a day, and we fail to fully comprehend that the hour of today is as was the entire day of yesterday. In other words, the most of us are behind time with the spirit of the times. Possibly we do not like to work so hard as is implied by the necessity of being there on the minute, but nevertheless we owe it to the other man to be there to keep an engagement. For possibly he takes life seriously and has appointments with the other people which they expect him to keep. A person of mature years who cannot keep appointments should not make them, for you cannot teach an old dog new tricks. But a young professional man should never fail to be on time.

THE LLOYD LIBRARY BOTANICAL PARK AND ARBORETUM.

The Lloyd library, botanical park and arboretum, situated only twenty-five miles south of Cincinnati, is really so little known to the general public, and even to the medical profession, that it is time that something be said about it in the medical and lay press. However, people are not to blame for their ignorance of the matter, since the deed of conveyance was executed and the establishment of the park came about so unostentatiously on September 23, 1910—a year ago—that only a few friends of Professor and Mrs. Lloyd have received an inkling of it.

The tract of which this arboretum forms a part has a most interesting history. John Filson, a man undeservedly neglected by the very city he benefited most, was employed by John Cleves Symmes to lay out a new settlement, which he named Losantiville, but which was changed to Cincinnati by General St. Clair. In blazing a trail from Lexington, Ky., to the settlement he founded, he followed a certain ridge, which from a horsepath became successively an unimproved mud-road, a turnpike, and finally the line of the Queen and Crescent Railroad. On the selected land that crested the ridge traversed by the Filson path, about twenty-five miles south of the Ohio, the Rev. Thomas Henderson settled. The estate was divided at his

death but the portions assigned to the other heirs were purchased by Thomas Rouse, who brought the property back into one great block. It thus remained in the possession of the Hendersons, through the wife of Thomas Rouse, who was a daughter of the Rev. Thomas Henderson. Mr. Rouse, however, deeded sixty acres to his daughter, Emma Rouse, wife of John Uri Lloyd, and to this portion Professor Lloyd has added by purchase an adjoining tract of forty acres. Mr. Curtis Gates Lloyd decided to make of this magnificent tract of land a botanical park and arboretum, as a part of the Lloyd equipment. By donations from Professor and Mrs. John Uri Lloyd of their portions of the old homestead and by purchase from the other heirs, almost all the original tract is now dedicated to this great purpose. Mr. Curtis Gates Lloyd has assumed the financial care and responsibility in the direction of its subsequent evolution.

The park now carries two natural woodlands, set with native herbs, shrubs and trees, undisturbed from the date of the opening of Kentucky. In the deed of donation every effort has been made to preserve to the future the integrity of the included woodlands, which have been preserved intact from the days when Indian tribes were in sole possession.

In the deed of conveyance it is specially provided that no live tree or trees nor shrubs shall be cut or destroyed, nor shall any tree that has fallen be removed, except that undergrowth, the removal of which would benefit the forest, may be cleared out, and trees that die may be felled, but shall not be removed. No crop injurious to the land or that will exhaust the soil to its injury shall be cultivated. It is stipulated that wild life upon said lands, both birds and animals, shall be protected, unless it be necessary to reduce the numbers of some that multiply to the destruction of others, or become pests. A portion of the cleared lands, fields or meadows is to be set aside as an arboretum, a botanical garden or park, according to this deed of conveyance. All the net revenue from the property must be expended, first, for the maintenance of the fencing and care of the property, and if there is any balance in excess of these requirements, it must be kept in a fund, and shall be expended only upon the property.

The significance of all this will some day be understood. The donors, with a prevision truly remarkable, have dedicated this beautiful and extremely valuable tract for the use of unborn generations. As time goes on the region will be a suburb of Cincinnati, and a Shaw's Garden may be the outcome, rivaling anything at present dedicated to the recreation of the people. The blue-grass region of northern Kentucky, especially

in that fertile region between the Licking and Kentucky rivers, is among nature's most wonderful productions. Here thousands of big and little children could even today find a playground calculated to make them forget the ills to which they are heir. There is no question that the traction line to Cincinnati now in process of construction will hasten a closer acquaintance of the people of the Queen City with Stringtown on the Pike, the villages of Florence and Butler and the cities of Frankfort and Lexington. A fairer region cannot be found in this country.

Preparations are now being made to plant in this arboretum some of the hitherto considered wild products of America, for the purpose of bringing them to the notice of agriculturists for new crop products. The cereal and vegetable life of this country has not yet been touched. The resources of the botanical department of the Lloyd Library and Museum will be at the disposal of the experimenters. At present belladonna plants, originally grown in hot-houses, have been set out, the seeds of which it is hoped will be found available for further planting. Other experiments in furtherance of scientific and educational researches will soon be made.

Th quiet, unostentatious way this great plan has been furthered speaks most eloquently of the donors and the man who is responsible for the inception of the same. They have made no great promises, but are letting performance advertise the ideals they have in view. From such work great results are sure to follow through the law of compensation. No unselfish action has ever been unrewarded. Future generations will bestow that reward gladly, through a sense of gratitude. This far transcends the material benefits mediocre men strive for; lovers of their kind have higher ideals.

The Lloyd library botanical park and arboretum, it is believed by this journal, will more than justify the object of its establishment.—Lancet-Clinic.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8

p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting was held at the College Hall, at the usual time.

In the absence of the President, Doctor Lawrence was selected to preside. The Secretary being unavoidably absent, Dr. Newton was pressed into service as Secretary pro tem.

The minutes of the previous meeting were read and approved.

Dr. J. A. Munk reported the death and funeral of our Vice-President, Dr. Orin Davis of Sawtelle.

The chair appointed Dr. Munk to prepare an article on the life and work of Dr. Davis, to be published in the Journal.

Professor Newton read a paper on "Blood Pressure as a Factor in Diagnosis." The paper was freely and favorably discussed by Dr. Fullmer, O. C. Welbourn, Drs. Monco and Duncan.

Dr. O. C. Welbourn will read a paper at the November meeting.

Adjournment.

DR. LAWRENCE.

DR. NEWTON.

October 3, 1911.

President and Secretary Pro. Tem.

ORIN DAVIS, M. D.

Dr. Orin Davis died at his home in Sawtelle, Cal., Thursday, September 28th, 1911, at the ripe age of 88 years. He was born in York, Livingston Co., N. Y., June 26, 1823; graduated from the Eclectic Medical College of Cincinnati, Ohio, in 1846; and became editor of the Eclectic Medical Reformer, published at Dansville, N. Y., in 1847. In 1848 Dr. Davis returned to Cincinnati and took a post graduate course in his Alma Mater and was afterwards connected with the Central Medical College of Syracuse, N. Y., and, again, at Rochester, N. Y. Later on the College was removed to New York City, when it obtained a charter under the name of the New York Eclectic Medical College and where it still flourishes.

While in Rochester he was instrumental in forming the first class of women medical students, of which his wife was a member. In 1854 he established a Health Institute at Attica, N. Y., which he conducted for fifty years. In 1875 he was elected president of the Eclectic Medical Society of the State of New York and in that year was associated with R. V. Pierce, M. D.,

of Buffalo, N. Y., in compiling the "Common Sense Medical Advisor", which has since then gone through many editions. In 1875 Dr. Davis was on the faculty of the New York Eclectic Medical College from which institution his son Orin Davis, Jr., was graduated.

On August 16, 1843, Dr. Davis was married to Ruth Edson Goddard, who survives him, and of whom he recently wrote as follows: "I attribute much of my success in life to the inspiring presence and genius of my beloved wife, who in 1843, for better, for worse, joined her life and fortune with my own. Through all succeeding events her council, timely assistance, punctuality, order and regularity in her every day duties, accompanied with evenness of spirit, made opportunities possible for better devotion of my time and talents to the arduous duties of my profession." The Doctor and his wife spent the winter of 1903-04 in Santa Monica, California, returning the following summer to Attica, N. Y., to close up their old home and then return to California to live and enjoy the comfort of its mild climate.

Dr. Davis was a pleasing and forceful speaker and writer and whatever he chose to say always attracted attention. He was ever an active worker in the cause of medical reform and a loyal friend of Eclecticism. He also took an active interest in public affairs and had decided opinions on all questions of public policy. Only on the day previous to his death he took a short automobile ride to the Soldiers' Home to hear the Governor speak. He felt as well as usual and went to bed that night as was his custom and was found dead in the morning. His position in bed was perfectly natural and easy, lying on his right side with his face resting in his right hand, showing that death came quickly and without a struggle. He was a church attendant and promoter of church music and a Master Mason for nearly forty years.

During the meeting of the National Eclectic Medical Association in Los Angeles in 1907, Dr. Davis was made a life honorary member of that society; and in 1910 the Eclectic Medical Society of the State of California honored him in like manner. He was an active member of both the Southern California Eclectic Medical Society and of the Los Angeles County Eclectic Medical Society and was vice president of the latter organization at the time of his death. He was punctual in attending the local meetings and was always an interested spectator. He frequently took part in the discussions and spoke in his characteristic thoughtful and impressive manner. He volunteered several interesting original papers which were read at the meetings and was a welcome contributor to the pages of

the California Eclectic Medical Journal. In the year 1910 he was appointed to fill the chair of General Therapeutics in the California Eclectic Medical College and delivered a number of special lectures, but was compelled to quit on account of failing strength.

Dr. Davis had an extensive acquaintance among the early pioneers of Eclectic Medicine and outlived them all. Being of a gentle and kindly nature he readily made friends; and "once a friend always a friend." He was greatly beloved by all who had the good fortune to know him and his passing out of this life was the cause of much sorrow. The memory of him is dear. Peace be to his ashes!

J. A. MUNK.

COLLEGE NOTES.

J. F. Barbrick, M. D.

The student body held its first regular meeting for this year, Monday evening, October 2nd at 7:30 P. M. There was a good attendance considering that the meeting came only a few days after the opening of college. Much enthusiasm was shown; and especially by some of the new members; and a tide was started which will sweep in great things for the student body for the coming nine months.

The chair of president having been vacated by the graduation of the President, Dr. Roath, the election of a new president was first in order and H. T. Cox, the vice-president was honored by being raised up a notch and the vacancy created was filled thoroughly and efficiently by electing H. J. C. Sprehn to the office of vice-president.

Several committees were appointed to look after matters affecting the student body. Some warm discussion was indulged in regarding detail work, which revealed some bright stars in the oratorical firmament. After these stars had twinkled for some time the meeting adjourned to its next regular meeting. This will be held in the College Hall, Monday evening, Nov. 6th, 1911, at 7:30 P. M., at which time a speaker on sociological subjects will be heard. The Professors and those interested are cordially invited to attend.

This seems to be the session of organization. The freshman class has had the first meeting already and organized by electing W. E. Glaeser President; C. S. Roath Secretary; J. A. Sasso, Treasurer. The president appointed H. B. Conway and B. A. Polk as a committee to draw up a constitution. This class is the largest class which has entered C. E. M. C. since its removal to Los Angeles, and if they keep up their present

industrious habits and stick eternally to it there will be a good graduating class in 1915.

The class of 1913 has begun organization by electing H. J. C. Sprehn President and appointing H. T. Cox and A. Goff committee on constitution.

There are a goodly number of doctors in the Polyclinic taking reviews of laboratory subjects and quiz courses getting ready to buck the State Board. From the way we see these Doctors digging into the books we feel sorry for them and our sympathy goes out to them in their trials and tribulations.

Owing to the heavy work which has fallen on the chair of Anatomy this year and various other professional duties, the present contributor of the College Notes must give up the work and hereafter they will be compiled by Mr. H. T. Cox, under the auspices of the Student Body.

NEWS ITEMS.

Dr. J. A. Born has changed his address from Valleyford, Washington, to 2301 Broadway, Spokane.

Dr. A. J. Crance, Pasadena, has returned from a two months' Eastern trip.

Dr. Almo de Monco, Los Angeles, has received the appointment of chief physician of the L. O. O. M., which has a membership of more than five thousand in this city.

Dr. and Mrs. E. H. Stephenson, Fort Smith, Arkansas, paid the college a brief call en route to their home from San Diego, where they had been spending a few weeks.

Died—Dr. Orin Davis, Sawtelle, died very suddenly last month. The Journal extends sympathy to the bereaved wife.

We have received the subscription of Dr. E. F. Robinson, Carbondale, Pa., and Dr. Eli P. Jones, Burlington, N. J.

Dr. M. Blanche Bolton, San Pedro, has visited the Westlake Hospital a number of times during the past month, bringing surgical cases.

The following have sent in their renewals to the Journal: Drs. Tuchler, San Francisco, W. D. Coates, Cedarville; L. A. Peree, Long Beach; H. S. Turner, Pomona; A. J. Crance, Pasadena; G. T. Van Voorhees, San Pedro; F. M. Planck, Kansas City; Walter H. Fearn, Lakeport, and B. E. Fullmer, Los Angeles.

Dr. Thomas Spaulding, Los Angeles, called recently to pay for his Journal, and informed us that he had been feeling "under the weather."

We are pleased to add to our exchange list The Nebraska Medical Outlook, published at Bethany, Nebraska, and edited by E. J. Latta, M. D., Kenesaw, Neb., and C. W. Jester, M. D.,

Bethany; also Davis' Magazine of Medicine and the Oklahoma Physician, published at Enid, Oklahoma, and edited by Frank P. Davis, M. D.

We have received for review Jones' "Cancer; Its Causes, Symptoms and Treatment;" "Herself," by Dr. E. B. Lowery; also "Diseases of the Eye," by Charles H. May, M. D.

Dr. E. R. Harvey, Long Beach, has just returned from his vacation, which he spent visiting relatives in Ohio.

Mrs. L. A. Perce, Long Beach, has returned from an extended visit with relatives in Pittsburg, Pa.

The course of lectures given to the nurses of the Westlake Hospital Training School began the 1st of October.

The next meeting of the California State Board of Medical Examiners will be held on December 5, 6, 7 and 8. This meeting will be held in Los Angeles.

Miss Margaret Hanson, a recent graduate of the Westlake Hospital, has accepted a position in a hospital located at Hermosilla, Mexico, and left for that place the first of the month.

Dr. and Mrs. W. F. Holman have moved to this city from Indiana and the doctor will try the December examinations.

Dr. H. Ford Scudder, Redlands, spent a week in San Francisco last month on business connected with the State Society.

BOOK REVIEWS.

"HERSELF;" talks with women concerning themselves, by E. B. Lowery, M. D., author of "Confidences," "Truths," etc. 221 pages; price \$1.00. Published by Forbes & Co., 325 Dearborn street, Chicago, 1911.

We are very much pleased to review this work, and it is a book which will fill a long-felt want. We heartily agree with the author when she says: "A girl upon marriage is expected to know by instinct how to keep house, cook, and do the numerous other household duties; she is expected to know how to care for herself before the birth of her baby and how to care for the baby when it comes, etc., etc. When mothers and fathers realize that to accomplish well the foregoing duties it is necessary to educate their girls along these lines and not leave everything to "instinct," there will be happier homes and less divorce. If this book was placed in the hands of every young girl it would teach her the very things that she longs to know and fears to ask her mother. Furthermore, it makes clear many things that are not understood by mothers themselves. We are gratified to observe that there is a gradual awakening among the laity to the fact that boys and girls should be prepared for the duties of adult life during their school days. We wish we could reach the ear of every young girl and tell her of the existence of this book.

The California Eclectic Medical Journal

VOL. IV.

DECEMBER, 1911.

No. 12

Original Contributions

CARCINOMA OF THE ASCENDING COLON.

Dr. O. C. Welbourn, Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Apparently cancerous diseases are on the increase. We used the word apparently advisedly for it may be that the increased number of cases reported, in proportion to other diseases, is a direct result of our present day diagnostic acumen.

Anyway, the profession is studying cancerous diseases more carefully than ever before and their noisy cerebations have increased the terror of the laity even though that seemed impossible to do.

But notwithstanding all this scientific research the cause of cancer remains unknown. About all we do know of its etiology is that it belongs to the degenerative period of life, and that it frequently appears at the site of a previous local irritation.

It seems probable that a few patients have recovered spontaneously, and undoubtedly many patients have been cured by complete extirpation. It is our personal belief that every case is both local and circumscribed in its early stage and that every such patient can be cured if the diseased structure is totally removed at that time. Unfortunately in some patients the disease is so located that it seems impossible to remove it even at the very earliest stage of its existence. However, the art of surgery is improving and we now successfully carry a patient through an operation which a decade ago would have been considered to be impossible. And the particular part which I have in mind this evening is the ascending colon. Not very long ago President Harper, of Chicago University, died from this disease, and quite recently President Harriman of the Southern Pacific also fell a victim; and therefore we may assume that carcinoma is not rarely found in this location.

More than one year ago we operated on a man of fifty years of age who had recently had an operation for floating kidney. He stated that the tumor which was assumed to be a floating

kidney and for which he had the operation performed was in no wise altered by the operation. Palpation revealed a mass in the right lumbar region moveable slightly in conjunction with the colon. After careful preparation the abdomen was opened and the diagnosis of carcinoma was immediately evident and confirmed by all of those present. There was a large mass and many adhesions which bespoke a long and difficult operation with an unfavorable prognosis both as to immediate recovery and final termination. However, the patient fully realized that death awaited him without an operation and was anxious to make a fight for his life. Knowing these facts we did a very radical operation, excising all the ascending colon, about four inches of the transverse colon, and a like amount of the ileum. The severed ends of the ileum and colon were inverted and a lateral anastomosis was done by means of a Murphy button. A drain was put in place and the incision partially closed. The patient had a very stormy convalescence but was out of the hospital at the end of four weeks, and apparently well except for a small intermittent fecal fistula. Because of the probable recurrence of the disease, no particular attention was paid to the fistula until one year had passed. But at that time, as he appeared to be in good health, we advised him it was worth his while to have it closed. After proper preparation the fistulous tract was excised and the opening in the intestine closed. In all other respects the anastomosis was found in a satisfactory condition. And as there was no visible or palpable evidence of a recurrence of the disease we feel safe in reporting the case as probably cured.

MASTITIS.

Rosa B. Gates, Waco, Texas.

Read before the Texas Eclectic Medical Association.

Inflammation of the mammary gland known as mastitis generally occurs during the first month of lactation, usually during the first week of the lying-in-period.

The congestion attendant upon the secretion of milk aids in this inflammatory condition.

Wound infection is a prolific source of this trouble especially from fissured nipples and for that reason, even during pregnancy as well as during lactation they should receive the most careful attention.

Prevention of disease as far as lies within his power is the aim of every physician and particularly is this true in this trouble of the female breast.

If on the slightest appearance of engorgement of the mammary gland or vessels we apply a bandage of some thin material

in order to elevate the gland as much as is compatible with comfort to prevent the excessive filling of the vessels thereby escaping an inflammation.

The bandage should be pinned snugly from below upward, removing and replacing according to the needs of the child.

If the stage of engorgement has been reached, as nearly as specific as any one would wish is a solution of Acetate of Potassium and Specific Tincture Phytolacca administered internally.

Thirty drops of the Phytolacca, one ounce of the Potassium and aqua distilled to make four ounces. Of this solution a dessert-spoonful every hour till improvement takes place.

If infection has entered through fissured nipples this solution is equally effective. For the fissures, Monsells Solution of Iron is good local application once daily afterwards applying some mild ointment.

While this healing process is in progress a nipple shield is almost indispensable in promoting rapid recovery.

JOSEPH RHODES BUCHANAN.

Dr. O. S. Laws, Los Angeles.

A few words concerning this grand man and his work, will be of interest, no doubt, to every Eclectic. It was my good fortune to know him fairly well for several years. He was the Dean and Professor of Physiology in the E. M. Institute in Cincinnati, Ohio, for several years, extending to 1855 or longer.

He was brim full of the spirit of progress, and did his best to expand the cause of Eclecticism.

He was a fine looking, dignified, man. But, although reserved in manner, his countenance beamed with benevolence. His heart was fired with the idea of sending out as many Eclectic doctors as possible, to counteract the barberous methods of what he called "hunkerism" in the medical profession. As a lecturer he was fluent, entertaining, and instructive. In 1849 he began to publish "Buchanan's Journal of Man."

To many of us this was full of interesting matter, but most people looked upon it as "Something born out of due time." It showed an originality of thought and investigation clear ahead of that time, and still continues, for these astounding facts concerning the brain and nervous system, seem to remain as Dr. Buchanan left them.

Anthropology was the term he used to express the study of man. Such minor terms as Neurology, Sarcognomy, Psychometry, Nervaura and the new phrenology, abound in the Jour-

nal of Man, and nowhere else. Thus he opened up a new field, full of wonders to those who chose to enter it.

I did not make a complete study of the field, but so far as I went I was satisfied with the correctness of his theories by practical tests.

There seems to be no commercial value in that line of research, so our investigations are chiefly absorbed in the microbe and serum business, because of the golden harvest.

Under the head of Psychometry, Dr. Buchanan brings out a fact that every doctor should know, that some people are so sensitive that they can taste metals and various things held in their hand.

I have found persons who could readily tell what was in a paper folded up and tightly grasped in the hand, such as salt, sugar, pepper and describe the effect of ipecac. I cannot do it, but I can taste strong soap when washing my throat with it.

Some are extremely sensitive, and others very little so, and graded all the way between. But the majority are not thus sensitive.

I think this explains the success of Homeopathy on the first class, and its failure on the other. What would be the proper dose for one of the first class would have no effect on one of the second. Here is a field worthy of research, so that a doctor can quickly tell which class his patient is in, and another high or low in the scale.

Under the head of the new Phrenology, the Professor proved to our satisfaction that different portions of the brain perform different offices as claimed by Gall and others, but far more numerous and complicated.

A clear development of Buchanan's discoveries in this field would give us the power to trace the cause of insanity and how to cure it, in many cases.

Nervaura is the name he gave to the nervous field that runs the human machinery. Dr. A. Paige, of Boston, taught that said fluid is common electricity used by the heart and brain, yet right in the face of these facts, up bobs one Andrew McConnell of Chicago, and claims to have recently discovered "Human Electricity" and is making money out of it, and much ado about it. Honor to whom honor is due.

I never have met another man that seemed to live so far out of my reach, and yet he treated me with great kindness and condescension. He seemed to have no thought of wealth or fame, but was intensely earnest in his efforts to open up the hidden mysteries of man, in body, soul and spirit.

I lost track of him after he left Cincinnati, and that ends my memory sketch. Perhaps someone will tell us of his later career, which I would be glad to know.

MAN'S RELATION TO THE EARTH.**M. S. Aisbitt, M.D., Los Angeles.**

Read before the Southern California Eclectic Medical Society.

Much has been said about the earth as to its coming and going but little has been said about its physiology. There are less than one hundred elements that go to construct the earth. There are less than a dozen members. The earth sends out these active agents to produce everything we see, hear and feel. They are constantly acting accordantly with each other, producing and reproducing according to the law of metabolism. These elements of the earth produce all life both vegetable and animal in accordance with physiological law. After entering the animal and vegetable bodies for a definite period they are returned to the earth to be reinforced to enter other bodies.

This process is perpetual.

Nothing could exist without the action of these elements. They are compounded and computed in accordance with histological and to meet the law of proliferation, they must be naturally computed to produce healthy life. The earth is the mother of all things, so man must be a child of the same. The earth furnishes the material and, fortunately, the law to bring him into life. She likewise produces food for his sustenance while in the physical life and at the end of his physical existence receives his septic body into her fold to be disintegrated. She endows man with reasons so he can reason from cause to effect and acquire knowledge of her physical laws, but Lo! he has substituted laws for himself by which he pays the penalties for their transgression. Man is ignorant of nature's laws governing proliferation in that he acts heterogenously in selecting a partner to a marriage that would give him a healthy progeny. Man should be taught that the mind of the sexes has no influence over conception. The mind cannot create it neither can it prevent it. The sexes are the instruments by which their organs elaborates the material through their organism, into the cells that are designed to be united to form a new being. These parts of the physical organs act independently of mental function, whether the new born comes into physical life physiologically or pathologically will depend on the compatibility or incompatibility of their temperament to the marriage.

How are the temperaments to be distinguished that would produce a healthy progeny?

The face is the index to the character or characters that would reproduce healthy children in all cases of marriage. If physiology is scientifically understood there is

something wrong and the party or parties that took the people away from the path that nature constructed should be held responsible. There are no microbes in the pathological child that comes into physical life with an impaired organism. The cause is a diversion of the law. The problem belongs to the medical profession. It should be studied and put into practice.

Genesisiology:—The law of the temperaments is the basis out of which evolves the principles of reproduction. The temperaments are divided into four primary classes, bilious, sanguine, encephalic and lymphatic. The sanguine and bilious are the vital temperaments and the lymphatic and encephalic and the adjunctives. The male and female cells (ovule and spermatie) are the elements which have to be duly proportionate in order to have healthy progeny. If you construct a building with disproportionate material the structure will be poorly constructed, consequently will not last as long as it should if the material had been properly proportioned. So it is with the animal body. Life will be limited according to the transgression of the law. I will try and show you how to comply with the law in order to produce a normal child and show you the results when the law is transgressed.

First—The marriage of a person to another of the same temperament will be physiologically incestuous and, there will be no issue.

Second—When an adjunctive temperament enters in the constitution of both progenitors or parties to a marriage it will be incestuous.

These two laws are sufficient to enable those who understand the temperaments to distinguish accurately all incestuous parties. Nevertheless I will cite a case or two that will illustrate both of them.

When both of the parties to a marriage have the sanguine encephalic temperament their children will die young of dropsy of the brain, or of tubercular inflammation of its membranes.

Second—When both of the parties to a marriage have the bilious encephalic temperament their children will be idiotic.

Third—When both the parties to a marriage have the bilious, encephalic lymphatic temperament their children in proportion of five to seven or nine to eleven will be born dead and the others will not live two years respectively. These three cases illustrate both laws.

I will now illustrate the second law exclusively.

When one party is bilious lymphatic and the other is sanguine bilious encephalic their children will all die young of tubercular consumption of the lungs or abdominal glands al-

though neither of these forms of disease was ever in the ancestry of either party.

If one party be sanguine encephalic and the other bilious lymphatic the progeny will die young of tuberculous forms of disease.

If one party be bilious encephalic and the other sanguine encephalic bilious lymphatic the children will sooner or later become insane.

In the three preceding illustrations the temperaments of the parties respectively are greatly different yet, as in each case both parties partake constitutionally of an adjunctive temperament all marriages are respectively incestuous.

In all marriages with a view to or expectation of progeny one party should have an exclusively vital temperament and then it is best that the other party should be more or less adjunctive.

Illustration—One party sanguine the other bilious encephalic or bilious encephalic lymphatic.

Second—One party bilious and the other sanguine encephalic or lymphatic or sanguine encephalic lymphatic.

Third—One party sanguine bilious and the other sanguine lymphatic or bilious lymphatic, sanguine or bilious encephalic or bilio-encephalic lymphatic. These are all good marriages.

CANCER AND ITS TREATMENT.

By H. T. Webster, M.D., Oakland, Cal.

The fathers of Eclectic medicine believed that cancer was curable by therapeutic means. Later, the treatment of cancer by such methods became empirical, and passed into the hands of ignorant quacks. Eclectic teachers lost sight of the virtues contained in our indigenous remedies in this direction, and fell in with the idea of the dominant school that internal remedies possessed no virtue in the treatment of the disease, and for years students went forth from college firm in the belief that surgery offered the only hope. Then came years of disillusion, in which they were to learn that cancer, removed by the knife, was almost certain to re-appear in worse form than before.

During my student days I was engrafted with the idea that cancer was incurable. I believed it and taught it. I observed warts removed by them at high prices; saw them fatten on the credulity of the public, and saw many cases of cancer die under their administration. But such was the horror of the knife by many sufferers and their readiness to grasp at straws, that such

pretenders always reaped a rich harvest. Probably they met with as good if not better success than the highly educated surgeon.

But the time came when I become convinced that cancer could be cured. I know that I have cured it in more instances than one; yes, in several instances. I also became convinced that I could cure many cases of incipient cancer of the breast with specific hydrastic and conium. I knew this because I had accomplished it in several instances. I have cured numerous cases of undoubted malignant growth by the use of concentrated sunlight.

Dr. Eli G. Jones, however, has led us into a new realm of specific medication. All intelligent Eclectics of the present day know the specific influence of phytolacca in mastitis. They realize that this remedy exerts a specific influence on the breast. They know that an affinity exists between this remedy and the tissue of the organ which makes for repair when acute disease exists there. They ought to know, and many of them do, that the same proposition applies to hydrastis and conium. But they have not realized fully, that this same influence counts in malignant, as well as in simple, acute conditions. Dr. Jones reminds us, in his new work on cancer, of these facts. He has taught us something new in specific medication.

Phytolacca is a favorite remedy with Dr. Jones in the treatment of cancer of the breast. He employs it both locally and internally, and assisted by other remedies, he succeeds in curing bad cases, acknowledged by the highest allopathic authority to be genuine cancer and given up as hopeless. Surely this is not quackery! It is the highest development of therapeutic skill. Dr. Jones offers us no specific for cancer. He follows the maxim of the leader in specific medicine:—that there are no specifics for diseases, so named, but that there are specifics for conditions. Because phytolacca exerts a specific influence on the breast in cancer is no reason that it does this in cancer of the stomach. A remedy for cancer of one part is not necessarily a remedy for cancer in another part. We must take into consideration tissue affinities and specific indications if we are to treat cancer scientifically and successfully. The trouble with us all has been that we have been looking for a specific for cancer, when our teaching of specific medication ought to have taught us that to treat it scientifically we must treat it after the doctrine of specific medication. Many of us have thought ourselves very proficient in specific medication; and yet, the only one among us who has been following this line successfully in the treatment of cancer has been Dr. Jones.

This work opens up to us a new vista in specific medication. The writer believes that cancer is not a local disease, and that proper constitutional treatment must accompany local measures if success is to follow treatment. That success does follow treatment in Dr. Jones' hands is known and acknowledged widely. He has demonstrated his ability so well that his fame extends far from his own home and state. He is looked up to, not by Eclectics merely, but many physicians of other schools have been glad to sit at his feet and receive instruction from him. Through his efforts this is one of the greatest triumphs that Eclectic medicine has ever scored.

What Dr. Jones has done we all may do, by following his line of treatment. His plan is hedged in by no secret formula, nor difficult process. It is all simple, yet purely scientific. He offers us very clear and explicit directions and indications for treatment, and shows us by results that it is as successful as any other treatment for difficult chronic states.

The time has come, and ought to have come long ago, if we, as Eclectic physicians, had been progressive enough, when we can feel that no odium is attached to any physician who makes a specialty of the cure of cancer. It is true that we may not be able to cure every case, for many will have progressed too far before reaching competent hands; but we may say as much of many other chronic cases which we attempt almost every day; and no class of cases offers greater remuneration financially, or reward of gratitude from sufferers relieved from fear of imminent death.

It appears to me, that cancer homes, or private hospitals devoted to such cases, should be established by those who have this class of patients to treat. Every case requires special treatment, and to succeed, one ought to devote his entire attention to them. The treatment is not a routine treatment. It requires special skill and adaptation on the part of the practitioner, and every case would be a special case, which should be entrusted to the physician alone. An institution of this kind ought to be established in every city in the Union; and a large clientele would undoubtedly be established when results became well known.

My advice to those who feel inclined to take up this specialty is, to get well acquainted with Dr. Jones' work on Cancer. In fact every Eclectic in the world ought to have it in his library. It is something unique, something priceless, something indispensable to every practitioner who wishes to be in the line of progress.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A. M., M. D.

Editor

D. MACLEAN, M. D.
Associate Editor

F. M. WELBOURN, A. B., M. D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BRST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco

A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

MEDICAL ARTICLES.

Generally speaking medical literature is intended to be instructive. This object is certainly an ambitious one, but the writer often fails because he does not command the attention of his readers. A medical article to be useful must be read by those who are interested in the line of work which is under the consideration of the writer. Some articles are practical, others theoretical. Some are read by men in active general practice, others by men engaged in laboratory work and who hope thereby to advance the science of medicine. One such class of medical men is not deeply interested in the work of the other and usually underrates its value. This being true, the writings of each are mutually ignored. All of which is as it should be and neither party should feel hurt or aggrieved.

So far as this journal is concerned we endeavor to print in each issue, one good article which we think will be appreciated by each of our several classes of readers, and if the individual reader should find more than this he should congratulate himself, for he is getting more than the worth of his money. We have the honor of printing the articles of our various societies and the monthly selection is made with these ideas in view;

and it often happens that articles which we personally consider very interesting, are held over for nearly a whole year.

However, with the coming of the New Year, with its brave resolutions, we hope to make some changes which we are sure will be of advantage to nearly all of us. And one of these is to publish more short articles. Little articles of a page or less, which contain a single idea regarding the use of a new remedy, or what is of a greater importance, the new use of an old remedy. Again, the report of an unusual case is interesting and it adds another item to our fund of knowledge.

May we hope that the reader will take this request seriously, and do his part to help the circle? Please remember that our writers and readers are one body and that all of the articles are just as good or bad as we make them. If you don't like an article write a better one at once.

The Journal wishes you a Happy New Year!

THE OTHER FELLOW.

To condemn another without ample proof is reactionary. To condemn one by circumstantial evidence is cowardly. Even to condemn another with proof, unless by one in authority, is a matter of law and delegated to a tribunal of justice and is no other person's concern. There is so much in evidence against the accused that may be false, that it is best to withhold judgment, as no man can live above reproach. Circumstantial evidence should be passed upon only by a technical mind. He who assumes to be judge and jury may some day be called upon to defend his own acts before a like tribunal. If the evidence is positive, does it not follow that he who has far wandered from the beaten path of duty needs no accuser? He needs your sympathy, not condemnation. Is it not possible that we too under like conditions might have fallen as did he? Too frequently we give the other fellow no consideration, being too ambitious to secure for ourselves a standing, reputation or wealth, and ride rough shod over his rights.

It is no uncommon condition that we find physicians only too willing to take for a target the mistakes and irregularities of their brethren. It is with "devilish glee" they gloat over the downfall of another. It is an easy matter to keep still, look wise, nod the head or shrug the shoulders, when the physician previously in attendance has been doubted by the family and thus create a greater doubt in their minds. This is worse than a dastardly deed of the highwayman who has evident malice of forethought. Instead of expressing doubt as to the contents of a certain remedy left and expressing the belief that the attending physician would no doubt change the medicine

this time, step to the door and throw it out without comment thus indicating that it was the wrong thing, is no more than robbery. The public is only too anxious to pass judgment on Dr. B. because Dr. A. said so and so. If a scandal is circulated by Dr. A., Dr. B. does nothing to quell it but even aids in the villainous attack. Dr. B. knows where to go as a rule to assist in his vile work and has a representative at the sewing society, who brings about the attack. Finally the long bearded, bald headed fossil of ultra-religious propensities gives sanction to it all and instead of helping to quell the furor of the storm simply aids it on by his gravity and draws his priestly garments a little closer and passes on the other side.

With this impetus we imagine perdition fairly sizzles in anticipation of its victim. None but a physician knows what this really means. Let some scandal be started about a physician and see how the "old timers" get busy.

So much can be said that only the physician knows that it is useless to go farther. Where will we find the remedy for these wrongs? In a close organization? No, that will not do for the culprit wears the cloak of a reformer there. In courts of justice? No, for this will never settle any question or relieve the distressed. In the church? No, for this organization is often as prone to turn the cold shoulder to the condemned as the world. It is a sad fact to relate but true, that some of the men in high places spend but little time with a man that has been accused of a wrong. Afraid of getting his hands soiled. Where then shall we go? The remedy at last is with the individual but he who can live down the odium must have "back bone" and of a good quality. He must first prove by his conduct he is not what he is accused of and then with the consciousness of being innocent the battle will be more easily won. He must not try to live better than the other fellow but better than himself. Let him meet these false accusations with honesty and fairness, and he can turn what was apparent defeat into victory. But we, as fellow physicians, can help him more. We can help him live down this ignominy. If he has been in the wrong help him to get right, not push him over the brink. If he has a spark of manhood left, you can help him. Try it.

Ed. Nebraska Medical Outlook.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco,

Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on November 7th at the College.

Dr. James Beard was nominated and elected vice-president to fill the vacancy caused by the death of Dr. Davis.

A report was made concerning the illness of Dr. Perce.

The name of Dr. Oran Newton of Long Beach was presented and he was duly elected to membership.

Dr. O. C. Welbourn read a paper entitled "Carcinoma of the Ascending Colon," which was freely discussed by the different members.

Dr. J. A. Munk will read a paper at the next meeting on December 5th.

Adjournment.

J. F. BARBRICK, Pres.

P. M. WELBOURN, Sec.

A FEW WORDS FROM THE PRESIDENT.

Encouraging the spirit of harmony in the light of Eclecticism and urging the co-operation of all Eclectics in California and adjacent states.

As we look back to our last annual meeting with pleasant remembrances, we are now striving hard to make our next one more pleasant and interesting than ever. We will want you all present to help and assist us in the good cause—we need you and we will expect you and I know and feel that you will all be loyal. None will regret the pleasant visit. I assure you, there will not be a dull moment. Everything is being done for your entertainment, comfort and pleasure. We will feel better for having met and we will want to meet again.

The Light of Eclecticism in California.

Interest in the American practice of medicine is rapidly gaining ground and getting to be of vital importance to every intelligent American community and is proving to be of untold benefit (as results show) to those who are ill and afflicted. We are having increased demands for our graduates, therefore to

those contemplating the study of medicine and surgery I would say to you—choose the Eclectic school and become successful practitioners.

The opportunity was never better. From all our colleges comes the word that our graduates are more and more in demand. This speaks for the school and its teachings, with us it is quality not quantity that is most considered. This certainly should encourage more entrants to our colleges as they would be greatly rewarded for their labors and studies in Eclectic medicine and surgery. Our methods are both scientific and rational, based upon sound physiological principals and specific diagnosis. Determine your pathological conditions, analyze your symptoms and the remedies will suggest themselves to any educated Eclectic practitioner. This constitutes scientific medication, not prescribing at names only.

We get results with far greater and safer returns than is possible with any other known system of medicine at the present day. We never depress our patients but always sustain the vital forces. A safer and kindlier treatment does not exist—the bacterines and serums notwithstanding. As an auxiliary in the treatment of surgical diseases it has been proved beyond a doubt that this method of treating diseased conditions gives far better results than the old routine method of prescribing."

You can compound your own medicines, the remedies are always physiological and responsive and it is elegant pharmacy itself. Thus it is the thoughtful and observing physician that is going to succeed, the one who does the most good with the least possible harm to his patients that is going to be the practitioner of the future. Always remember our cherished emblem "Vires Vitales Sustentre."

We want the assistance of every Eclectic in the state of California and also the adjacent states for the good of the cause and our institution. Our cause is a noble one indeed and it will succeed because it has the American sentiment and push back of it.

H. VANDRE, M.D., President.

COLLEGE NOTES.

Herbert T. Cox.

On the evening of October 19, 1911, the Freshman class entertained the students, faculty and friends of the C. E. M. C. They had made most thorough preparation for the occasion and all the details were worked out and arranged so that everything moved off like clock work. The social was of the nature of a get-acquainted affair. The evening was started with some unique guessing games, which certainly made everybody meet

everybody else, and get acquainted. Prizes were offered for best and worst luck, and the incompatibility of the prize, and its winner was quite laughable in several instances.

Dancing was then indulged in, to the sweet strains of a Spanish orchestra, until a late hour. Delightful punch and wafers being served between hops. The decorations were quite beautiful, being in red, white and blue crepe paper, and green boughs. Over the refreshment table, the figures 1915 blazed out in small electric lights. All enjoyed themselves to their fullest extent, and went away feeling happy and as though they had gotten better acquainted with each other.

Mrs. H. R. Evans has been very ill at the Westlake Hospital for a short time, but is now on the fast road to recovery at home.

Prof. A. P. Baird has returned from an extended visit with relatives in Chicago, and has put in his appearance in the lecture room, which pleases the Juniors and Seniors very much.

Dr. Ovid Laws, who formerly held the chair of specific medication and diagnosis, paid the college a visit one day last month. The doctor had to cease lecturing on account of feeble health, but he looks much stronger than he did some time ago.

Prof. Clinton Roath has been indisposed, and has been spending some time on his ranch in the desert.

E. R. Petskv, formerly a student of Edinborough University, has joined the Senior class.

Diagnosis by Signs.

For the benefit of the professors in diagnosing students as well as clinics, the following is given:

Case No. 1. Stop a student on the street; arms filled with books, worried expression on face yet very determined; bold walk. Upon examination pockets are found to contain several bones, many colored drawings of cells in various phases, and green specimens of plants found between pages of books. Burns on hands showing contact with caustics. With above signs present, you may make a positive diagnosis of a Freshman.

Case No. 2. Observe a student with a languid walk; in a drowsy stupor or deep study incessantly. Many notebooks in pockets and very few text books under arms. Follow him home and observe him. He tries bandaging the table legs, cat, etc. Also tampers with other animals, exhibiting a fondness for guinea pigs. Sterilizes every dish or piece of silverware before eating; very changeable as regards diet, changing from proteid to carbohydrates, and vice versa, etc. Always pinching fellow beings to see which reflexes act. Almost positive diagnosis of Sophomore may be made.

Case. N. 3. Student with a wise, care-relieved expression. Quite a stately walk, but not so bold as the Freshman. He Exhibits great mental activity when among common people. Speech characterized by many long and strange soundings words. Is generally seen with one book at a time, which is always an enormous volume. Protruding from vest pockets may be seen clinical thermometers, hypodermic case, pill vials, etc. Often seen carrying instrument bag or medicine case. Percusses and palpates empty boxes, rubber balls, bricks, as well as his fellow beings. Exhibits great affinity for hospitals, clinic rooms and drug stores. Can be diagnosed very readily as Junior, but may sometimes be hard to differentiate from Senior.

Case N. 4. You cannot help but observe this student because when present he appears very prominent. Has a self-knowing dignified look. Very exact and positive in his expressions. Has a stately and independent gait to his walk. Seldom seen with note books on his person, but pockets are distended with quiz compends, and medical journals containing state board questions and answers. Very irregular in attendance at lectures, but always very busy. With above signs any ordinary professors can make an absolute diagnosis of Senior, after eliminating possibility of Junior.

NEWS ITEMS.

Dr. and Mrs. G. M. Dayton, Chattanooga, Tenn., are spending some time in Southern California. The trip was made on account of the health of Mrs. Dayton.

T. F. Benndorf, M. D., sends his cheek for renewal to the Journal, from Mexico.

Dr. O. C. Darling, Riverside, was in the city last month visiting the tax collector, and made the College a pleasant call and left his money for the coming year for the Journal.

Dr. L. A. Peree, Long Beach, has been quite ill and under the care of Drs. Harvey and Newton; also Dr. Welbourn of Los Angeles.

Dr. M. Blanche Bolton has been enjoying a well-earned vacation during October and November.

Miss Della Andreason graduated from the Westlake Hospital on November 15th, and will remain in the city.

Eclectic Med. College,
Los Angeles, Cal.

Dear Sirs:

The people of _____ and _____ desire a physician to locate here in the town of _____. This is a good location for anyone wishing a country mountain practice. It requires a

rather young man who can stand some hardships in making long drives in cold weather. It is a large field and A No. 1 pay. We have a physician here, but is not liked by anyone. He came here without a dollar and is loaning money now and well to do. Can you place me in touch with someone looking for such a location? By so doing you will confer a great favor.

Yours very truly,

Reply to letter:

Dear Sir:

Your letter asking that a good physician be sent to your town was duly received.

I am sorry that we are not able to send you a man. Eclectic physicians are very much in demand and all are established in lucrative positions, and do not want to make any change. The graduates of our college have locations selected before they receive their diplomas, and there are no spare men to fill emergency calls.

If you will send us a high school graduate to take a course in medicine, we will send him back to you in four years a competent physician. This seems to be the only way now open for acquiring the kind of a man you want. However, I will bear your request in mind and if I find a suitable man who is looking for a location, I will be glad to refer him to you.

Yours respectfully,

J. A. MUNK.

ANNOUNCEMENT.

Every Medical Practitioner attending on or called in to visit a patient whom he believes to be suffering from

Lead Phosphorous Arsenic Mercury	}	or their Compounds	{	Contracted as a result of the nature of the patient's employment
---	---	-----------------------	---	--

or from

Anthrax, or
Compressor Air Illness

is required by Chapter 485 of the Laws of 1911, under penalty, to notify the case forthwith to the State Board of Health; and he is entitled to a fee of FIFTY CENTS for so doing.

The notice should state clearly:—

The name, address, and occupation of the patient;

The disease from which he or she is suffering;

The establishment at which he or she has been employed and in which it is believed the disease was contracted;

The name and address of the notifying practitioner;
The date of notification.

The notice should be addressed to the State Board of Health, Sacramento, California.

Forms for notification will be supplied on application, but their use is optional.

Doubt has been felt by some practitioners as to the circumstances in which recurring attacks in the same person require re-notification. If the affected person continues at work successive attacks, especially when distinct from those preceding, should each be notified.

The State Board of Health will appreciate any measures you may take to give this announcement publicity among the physicians of your district.

WILLIAM P. SNOW,
Sec. State Board of Health.

BOOK REVIEWS.

CANCER, ITS CAUSES, SYMPTOMS AND TREATMENT. Giving the Results of over Forty years' Experience in the Medical Treatment of this Disease. Eli G. Jones, M. D., author of "Definite Medication," "Rational Treatment of Cancer," etc. Published by Therapeutic Publishing Co., Inc., Boston, Mass., 1911. 300 pages; price \$10.00.

This work deals with Cancer only from the medical standpoint, and to those who prefer this line of treatment there will be many points of interest. Over 75 remedies for the medicinal treatment of Cancer are described and their indications recorded. Many cases which have come under the author's observation are described with the treatment applied in each case given minutely.

The book is a large octavo volume of 300 pages, printed on heavy paper in an extremely readable type, and substantially bound in a durable binding.

PRACTICAL SURGERY, Diagnostic, Therapeutic and Operative. By B. Roswell Hubbard, M. D., Professor of Surgery in California Eclectic Medical College of Los Angeles; Member of the State and National Eclectic Medical Societies, etc., etc., with numerous illustrations. 1300 pages. Bound in Cloth. Published by the Segnogram Press, Los Angeles, Cal., 1911. Price \$6.00.

We are pleased to announce that this book by Dr. Hubbard is completed and now being distributed. The work is very complete, there being chapters devoted to the Acute and Chronic Infectious Diseases; Hemorrhage; Shock; Surgical Technic; Lesions of the Blood Vessels; Lesions of the Eye and

Ear, etc., etc. Much stress has been laid on the medical treatment, which is rather an unusual feature in a work devoted to Surgery, but of no less importance. The work is true to title and is really a "Practical Surgery," and as such we are pleased to recommend it to students and practitioners.

The typographical part has been well taken care of, as shown in the durable binding, the excellent type and good paper. The volume is large, but not unwieldy.

ANNOUNCEMENTS.

PRACTICAL SURGERY, by Roswell Hubbard, M. D., Professor of Surgery in the California Eclectic Medical College, Los Angeles, Cal., Member of the State and National Eclectic Medical Associations. Ready for delivery. Octavo of about 1300 pages, with numerous illustrations, some original and others selected from various sources, with a view to making plain the subject matter. Neatly bound in cloth, \$6.00. The Segnogram Press, 600-603 Ferguson Bldg., Los Angeles, Cal.

Note.—It was the author's intention, at first, to publish a volume of about eight hundred and fifty pages that would sell for five dollars, but the addition of about four hundred pages to the work, making a thirteen hundred page book is now offered the profession that will be sold at six dollars, postage paid to any part of the United States.

The extra subject matter added makes the book invaluable to both student and practitioner.

THE AUTHOR.

Battle & Co. of St. Louis have just issued No. 17 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

READING NOTICES.

In all forms of blood dyscrasia—as indicated by skin disorders, bad healing power and general debility—Ecthol often proves effective when other treatment fails. It quickly raises the antitoxic and so-called opsonic power of the blood, increases the resisting power of the tissues and thus minimizes the dangers of bacterial attack. Healing processes are stimulated, and the whole economy is materially improved in its vital details.

THE ALKALOIDAL TREATMENT OF PNEUMONIA.

Dr. William J. Johnson of Uxbridge, Mass., says in the *Journal of Therapeutics and Dietetics* that alkaloidal medication in pneumonia is a protest to the orthodox views both on the

course of the disease and concerning the value of drugs. The adherents of positive therapeutics are convinced that the course of the disease can be so largely modified, by appropriate medication, that all and, indeed, many of the expected symptoms and conditions do not appear. Alkaloidal medication strikes at the root of the trouble, endeavors to foresee and prevent the changes that naturally appear in a typical case of pneumonia and does not wait for the symptoms to develop and the results to be manifest. For fever we use aconitine, 1-134 grain, one granule every fifteen minutes, half hourly or hourly, until lowering of pulse rate, reduction of temperature, sweating and lessened pain occurs. Combined with this we use strychnine, 1-134 grain, and digitalin, 1-67 grain, for its tonic action and supporting the heart. The other important remedies are emetine, 1-67 grain, and codein, 1-67 to 1-12 grain hourly to relax spasm, control nervous symptoms, quiet and loosen the cough. As the fever subsides and the cough becomes looser, calcium sulphide 1-6 grain every two hours is such a valuable and important remedy that it should always be used, and its action will not disappoint the careful user. After the acute symptoms have subsided, glonoin, 1-250 grain, is a most valuable remedy, sustaining the vitality wonderfully, prompt and reliable in its action. These are our standard remedies for this disease. They offer a definite amount of single distinct alkaloid to counteract a definite disease with structural lesions. Their action must be carefully watched, must be changed or modified by the course of the disease, and they produce results at once marked, rapid and permanent.

It goes without reason that the nutrition and hygiene of the patient requires attention, nor are external applications to be despised. The alkaloidal remedies are so positive in their action that we can dispense with alcohol, which at best is an uncertain and treacherous ally.

A CHANGE OF NAME.

PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) the most reliable and efficient of hypnotics is now known as PASADYNE. It is the same Passiflora, its properties are the same—but for the sake of convenience and to avoid substitution, the manufacturer has adopted the new name—PASADYNE.

A sample bottle will be furnished if application be made to the laboratory of John B. Daniel, Atlanta, Ga.

INDEX BY SUBJECTS.

A Case of Gangrene	183
A "Dope Fiend Restored"	41
Address on Behalf of Los Angeles County Eclectic Medical Society ..	146
A Few Novelties in Therapeutics	147
A Few Personal Notes	44
A Few Words From the President	345
A Long Pull and a Strong Pull.....	164
Arbitrary Standards in Medical Education.....	59
Asthma	214
Attend the National and Get Acquainted	86
Be on Time	324
Blood Pressure as a Factor in Diagnosis	316
Book Reviews	68, 280 332
Br'er Fox and Br'er Rabbit.....	60
California Eclectics Waking Up.....	138
California State Board of Examiners.....	9
California State Board of Examiners.....	123
Cancer and its Treatment	339
Carcinoma of the Ascending Colon	333
C. E. M. C.	298
Constipation	186
Certainty in Therapeutics—Pneumonia	319
Chronic Catarrhal Prostatitis	1
Clinical Report of Two Cases	101
Colchicum Autumnale	15
College Items	32, 65, 88, 112, 138, 166, 205, 246, 277, 305, 330
Co-operation	29
Dedication of the Roosevelt Dam	117
Differential Diagnosis	95
Eclectic Medical Society of the State of California.....	204
Effervescence on Attenuation	6
Ergot	180
Galvanism and Faradism in the Treatment of Pyosalpinx of the Fallopian Tubes	33
Gossypii Cortex	125
How About Your Successor?	293
Howe's Amputation of the Cervix Uteri	296
How to Cure Consumption	200
Hypodermic Medication	289
Just Ahead!	56
Joseph Rhodes Buchanan	335
Kipling on Medicine	109
Letter to the Eclectics of California	169
Little Things that Pay	286
Lobelia Hypodermically in Spinal Meningitis, in Congestive Dis- orders, Ovarian Pain, in the Puerperium, in Carcinoma, and Nephritis	321

Los Angeles County Eclectic Medicine	107
Los Angeles County Eclectic Medical Society . .31, 86, 135, 276, 328, 302	
Man's Relation to the Earth.....	337
Mastitis	334
Medical Teaching	221
Medical Tyranny	57
Meningitis	150
Medical Prophylaxis	16, 47
Michigan State Medical Society	205
Mischievous Medical Legislation	83
News Items	32, 65, 93, 113, 139, 171, 207, 250, 281, 307, 381, 343
Non-Specific Urethritis	258
Notes from Texas State Society	164
Obituary—Orin Davis, M.D.	328
Opening Address to the Students of the California Eclectic Medical College, Session 1910-1911	311
Our College Announcement	160
Our College Next Year	160
Our Last Annual Meeting	202, 241
Our National Meeting	220
Our Recent State Meeting	200
Our Rights of Existence; Our Need of Organization.....	141
Our State and National Meetings	111
Pity the Poor Rich	83
Pneumonia	216
Pneumonia in the Last Half Century	190
Practical Hydrotherapy	72
Program Southern California Eclectic Medical Ass'n	136
Prolapsus of Spleen	177
Proposed Amendment to Our Medical Law	24
Prosopis Juliflora or Mesquit	3
Questions California State Board of Examiners.....	292
Recto-Vaginal Myomata	115
Remedies Indicated in Tuberculosis	318
Reminiscences	153
Reply to a Friendly Criticism	126
Resolutions Passed by Hahnemannian Association	244
Review of Symposium on Syphilis	251
Revolution in Mexico	285
Society Calendar,	161
"606"	26
"606" Salversan, Arsenobenzol	267
Salversan ("606") in Syphilis, a Criticism	268
Southern California Eclectic Medical Ass'n	108, 161
Specific Medicines	301
Stamping out Tuberculosis	211
State Letter	110

CALIFORNIA ECLECTIC MEDICAL JOURNAL

State Society Meeting	137
State Society News	276
Stealing Our Thunder	324
Stop the Leaks	74
Summer Time	134
System, The Vital Elements of Therapeutics.....	266
Texas State Meeting	165
That Buffalo Speech	299
The Country Doctor	77
The Destiny of Man	98, 121
The Dual Mission of Eclectics	283
Then and Now	157
The Era of Reform	103
The National	242
The National League for Medical Freedom.....	245
The National Meeting	64
The Lloyd Library Botanical Park Arboretum.....	325
The Other Fellow	343
The Practice of Medicine	104
The Value of Drugs	59
The White Plague, or Consumption	252
To An Infant	264
Tonsillitis	187
Treatment of Cancer Without Operation	36
Treatment of Pelvic Abscess	100
Tricks of the Trade	261
Vaginitis, Etc.	76
Vanitas Vanitatum: Omnia Est Vanitas	120
Viburnum Opulus	124
What Medicines Shall We Use	78
Whom the Gods Would Destroy They First Make Mad.....	27

INDEX TO AUTHORS.

Aisblitt, M. S.	115, 337
Ball, R. O.	77
Barbrick, J. F.	146
Beard, James	74
Benndorff, T. F.	285
Bettencourt, M. F.	141
Burnett, J. A.	289
Cooper, M. A.	318
Crance, A. J.	150, 180
de Monco, Almo	1, 251
de Stone, F. G.	177, 101
Deweese, N. M.	186
Downs, L. S.	261
Duncan, A. M.	251

Eastman, M. E.	72, 183
Ellingwood, F.	321
Fearn, John	78, 319
Fowler, W. R.	286
Gates, Rosa B.	334
Harvey, G. W.	47, 16, 126, 264
Huckaby, W. L.	214
Kunze, R. E.	3
Lawrence, J. W.	95
Laws, Ovid	41, 121, 211, 283, 335
Leming, W.	15, 124
Lloyd, J. U.	125
Mather, E.	36
Munk, J. A.	60, 117
Murray, Carl	252
Newton, O.	316
Steele, J. V.	33
Tomkins, J. G.	3, 15, 44, 216
Watkins, J. M.	187
Webster, H. T.	6, 147, 339
Welbourn, O. C.	100, 296, 333
Willard, J. F.	311
Young, M. G.	157

INDEX TO ILLUSTRATIONS.

Stephens, A. F.	opposite 211
Vandre, H.	opposite 177



